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The Resiliency of Yoruba Traditional Healing: 1922-1955

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The Resiliency of Yoruba Traditional Healing: 1922-1955

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Dedication

This work is for our first son.

May you blossom in the wisdom of your divine healing ways!

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The Resiliency of Yoruba Traditional Healing: 1922-1955

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This dissertation examines why healing among the Yoruba people remained a successful popular institution in the colonial period between 1922 and 1955. The factors that allowed the Yoruba healing system to flourish were diverse. The Yoruba's indigenous and colonial political structures provided some outlets for continued healing practices. Additionally, the purely physical perspectives of western medical and religious competitors were unappealing to many Yoruba. Importantly, the Yoruba healers' systematic and in-depth knowledge of medicinal remedies was attractive to patrons. Furthermore, Yoruba healers' use of religious tools and/or the expansive use of spirituality reinforced this healing system as holistic, thus keeping the appeal of the system broad. Lastly, healers' alliances, standards, certifications and publicity thereof bestowed greater credibility upon the system and its practitioners in an increasingly impersonal region.

While changes within Yoruba healing are revealed in this study, additional objectives of this work are to: illustrate the first known history of this institution; situate Yoruba healing as a legitimate system; include female healers in this investigation of Yoruba healing; and present a normal view of an 'alternative' medicine. The period of

1922 to 1955 is ideal to explore because various aspects that allowed the Yoruba healing system to thrive developed during this time.

Table of Contents

Dedication.....	iv
Acknowledgements.....	v
Abstract of Dissertation.....	viii
Table of Contents.....	x
Glossary of Terms.....	xiii
List of Tables.....	xv
List of Figures.....	xvi
Chapter One: Introduction.....	1
Why The Resiliency of Yoruba Healing.....	1
Research Question.....	2
Project Significance.....	5
Relevant Literature.....	6
Research Approach.....	19
Theory.....	19
Methodology.....	22
Evidence.....	25
Archival research.....	26
Qualitative Interviews.....	28
The Chapters.....	30
Conclusion.....	34
Chapter Two: The History of Yoruba Healing.....	36
Yoruba Healing Prior to 1922.....	37
Yoruba Healing 1922-1930.....	42
Yoruba Healing 1930-1945.....	50
Yoruba Healing 1945-1955.....	58
Yoruba Healing Post 1955.....	65
Conclusion.....	68
Chapter Three: The Yoruba Social Landscape.....	69
Indigenous and Colonial Institutions in Yorubaland.....	69
Economies in the Latter Colonial Era.....	70
Governments Under Indigenous and Indirect Colonial Rule.....	76
Western Medicine in Colonial Yorubaland.....	79
Imperial Medicine.....	82

Converging Points of Western Medicine and Indigenous Healing.....	88
Missionaries and Hospitals.....	93
Missionaries.....	93
Western Medical Facilities in Yorubaland.....	97
Conclusion.....	102
Chapter Four: Defining Yoruba Healing.....	104
Healers on “Traditional” Healing.....	104
The Social Significance of Yoruba Healing.....	108
Prevention.....	108
Holistic Healing.....	110
Public Confidence.....	112
The Structure of the Yoruba Healing System on Natural Terms.....	113
Types of Yoruba Healers.....	114
Training of Yoruba Healers.....	120
Illness in Yorubaland.....	122
Methods of Healing.....	126
Conclusion.....	133
Chapter Five: Yoruba Spiritual Healing: Religion.....	135
Yoruba Religion Circa 1922.....	135
Spirituality and Healing In Yorubaland.....	139
Components of Yoruba Religion Relative to Healing.....	143
Ifa.....	147
Osanyin.....	152
Saponna.....	154
Osun.....	157
Yemoja.....	159
Obatala.....	160
Ogun.....	161
Sango.....	162
Islam and Yoruba Healing.....	163
Christianity and Yoruba Healing.....	165
Conclusion.....	168
Chapter Six: Yoruba Spiritual Healing: Containing Spiritual Malevolency.....	170
Contextualizing Evil in Africa and Abroad.....	171
Mysterious Powerful Spirits and the Great Mothers as Healers.....	176
Spiritually Malevolent Activities in Colonial Yorubaland.....	182
Social Programs to Contain Spiritual Malevolency.....	187
Colonial Laws and Evil Practices.....	191
The Atinga Movement.....	195
Conclusion.....	203

Chapter Seven: Yoruba Healing Associations.....	205
Yoruba Associations in General.....	205
On Yoruba Healing Associations.....	209
Organizational Structure of Healing Associations.....	214
Healing Ethics.....	217
Social Agendas of Healing Associations.....	222
Disputes.....	232
Conclusion.....	239
Conclusion.....	240
Bibliography.....	243
Vita.....	280

Glossary of Terms

Adahunse: A type of Yoruba healer who has learned his/her skill on his or her own, without extensive formal training.

Alaafia: often translated simply as “peace,” alaafia is spiritual, mental and physical good health, success and prosperity.

Aje: the Yoruba’s powerful, mysterious spiritual beings. People who are spiritually malevolent. People who have particular mysterious powers used for good. The divinity of financial success.

Aladura: an independent church movement that emphasizes prayer and healing.

Atinga: 1940s and 1950s West African hunters of evildoers, and anti-spiritual malevolent paraphernalia traders.

Babalawo: a professionally trained priest of Ifa who is an expert in divination, rituals, and many times in traditional medicine.

CMS: the Church Missionary Society, of the Anglican Church of England.

Divination: the method of acquiring hidden knowledge, usually through the use of some type of material oracle. Priests advise communities or individuals about situations of concern from the information they receive through divination.

Ero: Antidote to medicinal remedies, whether the medicine was for good or bad purposes.

Egbe: associations, societies, clubs and/or guilds.

Egungun: collective ancestors; ancestor masquerades.

Esu: is the divinity of messages and justice.

Gelede: is a cultural, semi-religious society that placates the ‘mothers’ and mysterious powerful spirits.

Ibile: traditional, often a descriptor of Yoruba healers or Yoruba medicine.

Ifa: also known as Orunmila, is the Orisa or divinity of wisdom and divination.

Iya: mother.

Odu: are the individual chapters or verses of the Ifa corpus; the combined scriptures, verses or chapters of Ifa's record of wisdom and advice. Odu are constantly evolving.

Ogboni: are known as the 'Council of Elders,' but the organization also includes prominent younger members of respective societies. They are also known to be an extension of the government providing spiritual and economic protection to their respective towns.

Ogun: is the Orisa of iron and war.

Oko: is the divinity of the farm.

Oloogun: the owners of mysterious, or mischievous medicine.

Olorisa: priest of an Orisa (Yoruba divinities) with the exception of Ifa.

Onisegun: Yoruba healer, 'the owner of medicine,' or 'herbalist.' Also, priest of Osayin.

Oogun: medicine.

Orisa: are the divinities of the Yoruba people. This word is both a plural and singular term.

Oro: an enforcement arm of the Ogboni, especially to ward off and punish spiritual malevolency.

Osayin: is the divinity of plants, especially herbs.

Oso: typically male practitioner of mysterious activities, or mischievous medicine.

Osun: is the Orisa (divinity) of wealth, fertility and rivers.

Sango: is the Orisa of fire, thunder and lightening. This Orisa was the patron divinity of the Oyo kingdom.

Saponna: is the Orisa of small-pox and sometimes disease in general.

Yorubaland: is the region of West Africa that the Yoruba people inhabit, generally extending from the eastern Niger Delta area to the Volta region/Mono river. Mostly southwestern Nigeria, parts of Benin and Togo are considered Yorubaland presently.

List of Tables

1.a: Healers Interviewed for <i>The Resiliency of Yoruba Traditional Healing 1922-1955</i>	29
3.a: Biomedical Facilities in Yorubaland Prior to 1955.....	98
3.b: CMS Ado-Ekiti Hospital "Yearly Returns 1946".....	101
4.a: Types and Definitions of Yoruba Healers.....	114
4.b: Yoruba Medicinal Categories.....	130
5.a: Yoruba Categories for Beneficent Spiritual Medicine.....	142
6.a: Yoruba Categories for Evil Recipes.....	186
7.a: Yoruba Healers' Associations Existing Prior to 1955.....	210

List of Figures

1.1: Map of Yorubaland.....	4
2.1: Yoruba blacksmiths at work.....	40
2.2: Yoruba hunting and farming tools.....	40
2.3: Mrs. Mulili Atu Oyebisi and her herbal healing market stall.....	44
2.4: Doctors office cartoon satire by Gbenro.....	49
2.5: The First Native Herbalist Society membership officers list.....	52
2.6: Kola market near Lagos, c. 1930.....	57
3.1: The urban city of Ibadan, c. 1930.....	74
3.2: European with an African mother and children, c.1930.....	83
3.3: Photo of Dr. Oluwole.....	89
3.4: Nigerian nurse students in the 1950s.....	93
3.5: The new 1956 Ibadan University teaching hospital.....	100
4.1: Nigerian children bathing.....	108
4.2: Yoruba market woman chopping herbs.....	117
5.1: Entry of Chief Aragberin’s Yoruba religious temple.....	140
5.2: Yeye of Lagos making Osun an offering.....	158
6.1: Circa 1930 Nigerian “snake charmer”.....	173
6.2: Skulls and other animal parts for medicine.....	183
6.3: Esu objects.....	188
7.1: An association membership certificate.....	215
7.2: Certificate of Incorporation.....	216

7.3: The ‘Nigerian Association of Medical Herbalist’ list of objectives.....	225
7.4: Logo for ‘The African Council of Herbal Physicians’	230

Chapter One

Introduction

The introduction of this dissertation outlines subject matter about “The Resiliency of Yoruba Traditional Healing.” This chapter explains the purpose of choosing this topic as well as its academic and social significance. Furthermore, this chapter examines noteworthy literature that, in part, serves as foundations and inspirations for the ideas presented in this work. Next, the research approach discusses the theories, methodology and the evidence that are foundational to this project. The final section of this introduction provides an overview of the chapters that follow, highlighting each chapter’s purpose, topics, and main ideas.

Why The Resiliency of Yoruba Healing

This project grew out of studies on Yoruba religion, culture, and language. For centuries before 1922 the Yoruba were multi-religious. At the same time, the Yoruba maintained various philosophies and approaches to spiritual, physical, emotional, and intellectual wellbeing. What is rarely recognized is that the healing system was a significant repository for these indigenous perspectives. Worldwide it was not universally the case that healing was independent of indigenous religion, in many locations healers and priests were one in the same. However, the case of the Yoruba might cause one to inquire into how long both healers and clients of the system engaged in non-indigenous religions. Though the original intent of this dissertation was to pinpoint that answer, it soon became clear that because of a lack of data this assessment is too elusive to make at the present time. Nonetheless, the evidence contains a multitude

of insights that aid in discovering other important answers concerning this history of Yoruba healing.

One area of interest that inspired this study is the Yoruba's unapologetic pursuit of medical pluralism between 1922 and 1955. This was the case for many who had full access to western medical care. Numerous Yoruba did not accept the foreign view that western medicine is superior and more effective. As with most African societies, healing existed before the arrival of Europeans. In this region Islamic medicine was also present centuries before European residency. During the colonial era, c. 1906-1960 the British politically occupied what is now known as Nigeria, including the kingdoms of the Yoruba. Europeans brought their system(s) of medicine, which were undergoing a scientific revolution in the late nineteenth and early twentieth centuries. It was during the colonial era that the indigenous and western medical healing systems increasingly interfaced. This dissertation looks at relevant years of the colonial era, 1922-1955, because this period produced important social and civic factors that stimulated the widespread retention of the Yoruba healing system and a prevailing popular positive view of it locally.

Research Question

The primary question of this dissertation examines: Why did healing among the Yoruba people remain a successful popular institution between 1922 and 1955? This question is addressed thematically throughout each chapter. The various factors that promoted a resilient Yoruba healing system included social, political, medical, biological, religious, spiritual, and commercial dimensions. The founding principle of this

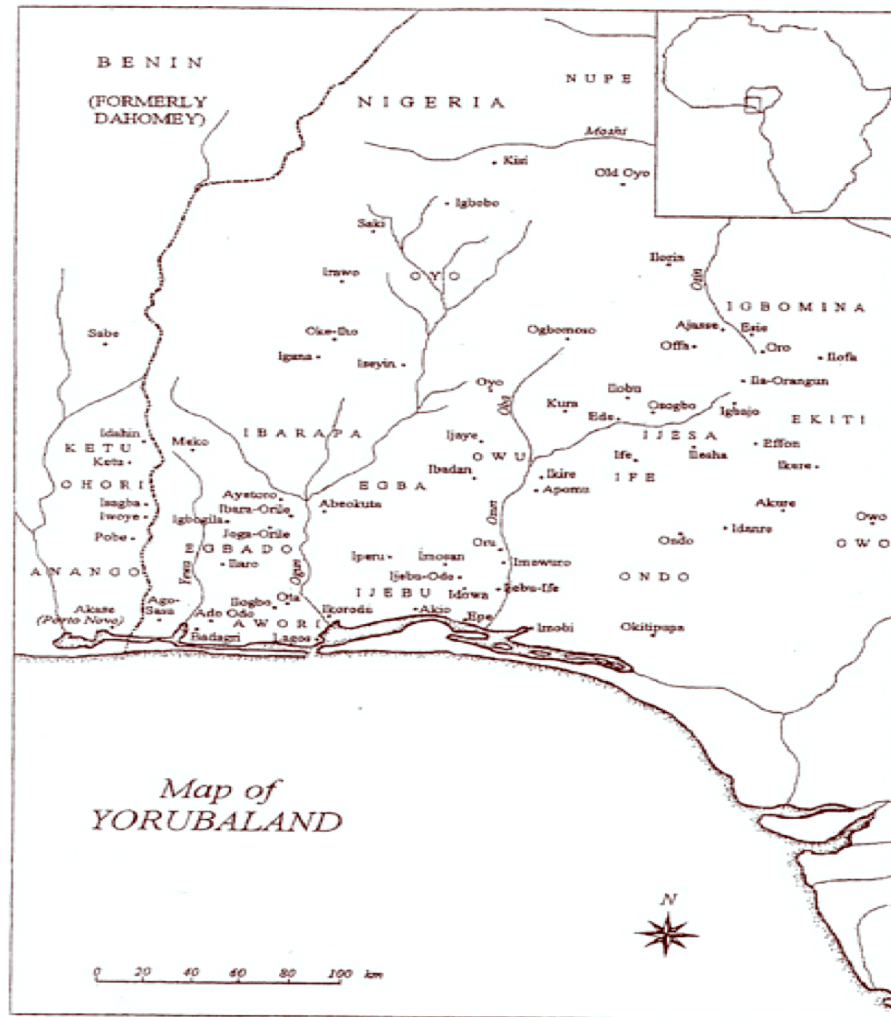
dissertation is that holistic medical knowledge, especially as practiced by the Yoruba, was often effective and valid. Healing systems around the world are reclaiming popularity and have unique historical circumstances that ensured their continued existence.

The resiliency of the Yoruba's healing system was the result of many factors. For instance, the colonial political governments as well as the Yoruba's indigenous governments provided some outlets for continued healing practices. Additionally, the purely physical healing perspectives of western medical and religious competitors were unappealing to the Yoruba. Importantly, Yoruba healers' systematic and in-depth knowledge of medicinal remedies was attractive to patrons. Furthermore, healers' use of religious tools and/or the expansive use of spirituality reinforced this healing system as holistic, thus ensuring a wider appeal. Lastly, healers' alliances, standards, certifications and publicity bestowed greater credibility to the system and its practitioners.

This project captures elements of Yoruba healing during the time period of 1922-1955, also referred to in this work as 'this colonial period.' While changes within Yoruba healing are revealed in this study, additional objectives of this study are to situate Yoruba healing as an institution, which demonstrated resiliency during this time. The themes are examined chronologically in the chapter 'History of Yoruba Healing,' but in the other chapters the investigation is organized topically. This dissertation begins with the year 1922 because this was the year that "The Companies Ordinance of 1922" stimulated the subsequent establishment of numerous government-incorporated healing associations. Furthermore, it was around 1922 that requests to sell "native medicines"

began to flourish in the colonial record. By 1955, while Yoruba healing was still thriving, various locally organized campaigns against evil i.e., the *Atinga* movement, were declining in fervor. These anti-evil movements created another shift in the state of Yoruba indigenous healing because the system supplied the antidotes to evil. By the end of these campaigns, healing associations had become more copious and defined.

Figure 1.1 is a Map of Yorubaland.¹



This map of 19th century Yorubaland displays many of the Yoruba towns that were centers of healing between 1922 and 1955.

¹ Peter R. McKenzie, *Hail Orisha!: A Phenomenology of a West African Religion in the Mid-Nineteenth Century* (New York: Leiden: Brill, 1997), xii.

Project Significance

The Resiliency of Yoruba Traditional Healing: 1922-1955 has multidimensional specific and broad significance. To begin with, it is the first known history of Yoruba healing. There are hundreds of histories concerning the Yoruba, several works on Yoruba medicine, and many studies of healing in Africa. However, histories of holistic medicine in Africa are actually very few, possibly because some question if the evidence exists to sustain a historical argument on this topic. But, as one will see, it does. Since the Yoruba are the third most populous ethnicity in Africa, it is possible to consider a study of this nature as a model for exploring healing among other African cultures and societies. Furthermore, examining the history of healing in a tropical rainforest region is ideal for health studies because of the wealth of natural healing resources available in this environment. Moreover, there is a large physical and cultural Yoruba Diaspora with remarkable presence in the United States, England, Cuba, Brazil and Trinidad. The Yoruba healing systems are present in these locations as well. Thus, this research has implications for the study of healing throughout the global Yoruba Diaspora.

The broader impact of this project pertains to the fact that healing is still the primary source of healthcare for many parts of the world. Nigeria alone has an estimated 900,000 indigenous healers registered with the governmental association. Documented studies in Benin City, Nigeria, estimate the ratio of healers to the population is 1:110, while the ratio of medical doctors to the population is 1:16,400.² The World Health

² Rufaro Chatora. "An Overview of the Traditional Medicine Situation in the African Region." *African Health Monitor: A Magazine of the World Health Organization Regional Office for Africa*. (World Health Organization. 2003), 5.

Organization (WHO) states, “In Africa, up to 80% of the population uses traditional medicine for primary health care.”³ This history of such a popular form of medicine will inform not only scientific, social, political and economic studies and approaches to healthcare in Nigeria, but it will also enlighten the entire developing world including Africa, Asia and Latin America. The benefit that this study provides to the industrialized world, such as the United States, is to provide background and data to assess the standardization of approaches to healing and other types of alternative medicine.

The ever-growing recapturing or the recognition of the popularity of alternative and natural remedies in western medical treatment worldwide demands that histories such as this one be written to explain how varying medical approaches coexisted. This study also provides reasons for people’s historically pluralistic choices, and explanations why Yoruba healing prevailed despite competition and even attack from certain professional and social elements i.e., from Christian missionaries. Holistic healing has been a primary source of healthcare for the majority of the world because of purely “economic” circumstances, and because it has been a conscious choice of people for physical, social, psychological, spiritual and political reasons, regardless of economics. Understanding the complex rationale for these historical choices may lead to better healthcare worldwide.

Relevant Literature

Only selective publications related to this project are acknowledged in this section. The goal of this literature review is to incorporate certain perspectives from the

³ “Fact sheet,” World Health Organization (WHO). 2007.
<http://www.who.int/mediacentre/factsheets/fs134/en/> (accessed, August 4, 2008).

most highly relevant materials that have informed this dissertation. Several significant texts discussed below that do not pertain to Yoruba, may concern African healing or the topic of indigenous medicine from an international perspective. Additionally, what is revealed in this review is that few works mirror the intent of this project.

The most closely related studies to this project are by authors Mary Adekson, Anthony Buckley, Peter Dopamu, Una Maclean, D. Oyebola, Osunwole and George Simpson. Each of these authors' work contributes to the development of this topic although most are not intended as historic treatments of Yoruba healing. An in-depth analysis of the importance of the Yoruba healing associations is addressed in this work though it is absent in many other studies. Finally, the majority of these writings focus mainly on the role of male practitioners with little attention given to women practitioners in Yoruba healing. Nevertheless, these works are valuable and are quite informative to this project.

Adekson's book, *The Yoruba Traditional Healers of Nigeria*, presents insights from case studies of five healers, examining their roles as counselors.⁴ She gleans useful descriptions of "techniques used by healers" that she labels as her hypotheses. She notes that healers' strategies include: divining, sacrifices, herbs, dance, prayers, invocations, incisions, dreams, proverbs, folk tales, conversation/interaction with patients, deliberately positive environments, affirming words, culture and quality time. Other scholars of Yoruba healing use similar models to hers. A limitation of Adekson's study is that the healer informants were all male. As alluded to in Oyebola's and Maclean's studies,

⁴ Mary Olufunmilayo Adekson, *The Yorùbá Traditional Healers of Nigeria* (New York: Routledge, 2003).

women especially as marketers, midwives and diviners have historically been part of the healing profession in southwest Nigeria.⁵ Her work uses a psychological approach conversely this dissertation integrates female healers, examines Yoruba healing from multidimensional perspectives, and concentrates on a historical perspective.

Yoruba Medicine by Buckley examines the internal structure and practical application of Yoruba medicine.⁶ As with most anthropological studies this work is highly theoretical. He provides a functional model of Yoruba healing by assigning 'symbolology' for healing strategies relating to color and divinities as well as remedy recipes. Two critical elements in Yoruba medicine, as Buckley argues, are that illness is the result of excess in consumption and behavior and that the hidden and/or secret aspects of the healer and patient must be revealed or engineered to produce a balanced healthy body. One drawback is that the book is structuralist, giving the impression that his presentation of information is the only underlying ideological and practical approach of Yoruba healers. Additionally, his two male healers-informants limit the scope of his work. Alternatively, this dissertation is historical, is informed by ten mostly elder male and female interviewees, and is supported by a wide range of secondary sources.

Maclean, Oyebola, Dopamu, and George Simpson contribute significantly as secondary evidence to support the examination of this dissertation.⁷ Although all of these

⁵ Una Maclean, *Magical Medicine: A Nigerian Case-Study* (London: Allen Lane, 1971). D. D. Oyebola, "Antenatal Care as Practised by Yoruba Traditional Healers/Midwives of Nigeria." *East Afr Med J* 57, no. 9 (1980): 615-25.

⁶ Anthony D. Buckley, *Yoruba Medicine* (Oxford New York: Clarendon Press, Oxford University Press, 1985).

⁷ Dopamu's dissertation "The Practice of Magic and Medicine in Yoruba Traditional Religion," is a useful reference. This is because of the outstanding plethora of information detailed in this 714-page project. As a Yoruba scholar who had personal experiences and interactions with Yoruba medicine, Dopamu examines

studies were conducted post-1955, these authors relied on interviews of healers, and at times clients, that trained and operated prior to 1955. Therefore, the information that these authors present is applicable to the colonial period under study. Little known works such as Dopamu's contribute to Yoruba healing studies; however, the emphasis on malicious "magic" undermines its limitations as a broadly applicable text. This dissertation differs from these works, especially because of the time periods examined and the focus on the Yoruba healing system itself, as opposed to the social impacts that Yoruba healing had, which this study investigates.

Maclean's small yet rich text, *Magical Medicine: A Nigerian Case-Study* is a book that, along with her various journal articles, provides the insights of a medically trained doctor who lived and worked in Yorubaland from the late 1950s until the 1960s. Maclean took a particular interest in healing while working in local hospitals when she realized how much stock Yoruba citizens put into their own healing traditions. Her sympathetic view of the local faith in healing and their partial objection to western medicine was that this common local perspective was "partly justified."⁸ Because the author was careful not to impose a western medical view upon Yoruba healing, the text has an objective characteristic to it, lending a greater degree of credibility to the information within her work. Conversely, many researchers with this background attempted to invalidate the system.

the healing system from a holistic perspective, thus the use of the term "magic" to denote the supernatural components of the system. Dopamu's dissertation explores and explains the terminology, practical applications and recipes of the Yoruba medical system. The author's unusual concentration on the malevolent supernatural dimensions that relate to Yoruba healing would lead one to believe that the author was fascinated by the malevolent "magic" that has been associated with Yoruba medicine. However, there is a fair enough balance in his approach to the benevolent purposes of Yoruba medicine.

⁸ Maclean, "Nigeria 1956-65: A Medical Memoir." *African Affairs*, 83, no. 333 (1984): 545.

Similar to the works by scholars such as T. Lambo, Maclean posits “We have much to learn from Nigerian traditional medicine, whose various practitioners have long recognized that sickness can have social and psychological components as well as physical causes.”⁹ *Magical Medicine* was written for a Western audience, with the clear attempt of demystifying the Yoruba healing system and presenting the system as beyond superstition. Though this author is sure to point out what she sees as the deficiencies in Yoruba medicine, she also is careful not to illustrate it as merely placebo medicine. Informed by the interviews of 100 healers, over 100 hospital patients, some market persons and home remedy users, Maclean also discusses female healers to a larger degree than most works available during this time. Nevertheless, this book’s objective is mainly to provide another explanation of Yoruba healing, and does not concentrate on major social changes.

Oyebola’s several articles on various elements of Yoruba healing are quite informative and are also the result of extensive interviews gathered, in part, during the writing of his dissertation. He questioned hundreds of healers and, at times, studied with some—as was the case with the bonesetters.¹⁰ While his perspectives on midwives are harsh and disdainful, his reports on other types of healers were more impartial. It is clear that he used western medical standards in his assessments of Yoruba healers. However, it is unclear if the scornful discussions of female healers’ verses male are because he is chauvinist. Dichotomizing male healers as more proficient than female healers, and

⁹ Ibid, 563.

¹⁰ Oyebola and Immun, "Yoruba Traditional Bonesetters: The Practice of Orthopaedics in a Primitive Setting in Nigeria" *The Journal of Trauma: Injury, Infection, and Critical Care* 20, no. 4 (1980): 312.

using western medical standards to measure Yoruba healing is avoided in this dissertation.

George Simpson's *Yoruba Religion and Medicine in Ibadan* presents an opposing style of research to Buckley's, by surveying 272 people, healers and clients¹¹. Unlike Adekson or Buckley, Simpson's work integrates Yoruba religion extensively. Considering that Yoruba healing widely incorporates indigenous religion, his investigation is extremely appropriate. The inquiries that were recorded in 1964 reveal that Yoruba medicine and religion were both most popular among the middle and elder generations—this theme reoccurred during various time periods. Many people noted evil medicine and western medicine's inability to cure certain illnesses, like malaria, as a top reasons people sought Yoruba healers. However, it is unclear if these were the only reasons, and if this has consistently been the case historically.

Pierre Verger's text *Ewe: The Use of Plants in Yoruba Society* is a valuable reference companion to anyone studying Yoruba Healing.¹² This French born scholar of Yorubaland, Nigeria and Bahia, Brazil (another location with a strong Yoruba culture) was initiated into the 'secrets' of Yoruba healing and religion in 1953. His work is a compilation of medicinal recipes he learned through intense, decades' long practical and academic research. The book is wonderfully structured to understand religious healing philosophies, categories of Yoruba medicine, and recipes with comprehensible details of plants, animals, religious references, spiritual requirements and linguistic insights.

¹¹ George E. Simpson, *Yoruba Religion and Medicine in Ibadan* (Ibadan, Nigeria: Ibadan University Press, 1980).

¹² Pierre Verger, *Ewe: The Use of Plants in Yoruba Society*. (Sao Paulo: Odebrecht/Editora Schwarcz, 1995).

Nonetheless, Verger's text is not a humanities study that seeks to contextualize or historicize Yoruba healing.

Two authors that do not write on healing yet are scholars of Yoruba religious studies in historical perspective are Peter McKenzie and J.D.Y. Peel.¹³ McKenzie's *Hail Orisha! A Phenomenology of a West African Religion in the Mid-Nineteenth Century* uses the Christian Missionary Society (CMS) archives as the main body of evidence, and weaves an intricate web of examples from missionary quotes to describe the Yoruba religion in a phenomenological way. His reconstruction of the missionaries' descriptions in order to illustrate the 19th c. Yoruba religion(s) provides a foundation for understanding and characterizing spiritual aspects of this society by illustrating that numerous components were not merely 'invented' traditions of the colonial era. On the other hand, the abundant works of Peel do argue to a degree, that multiple elements of Yoruba identity were Christian constructions. While Peel's works are extremely valuable, that perspective is largely discarded in this dissertation given the abundance of pre-colonial Yoruba cultural dimensions that were Pan-Yoruba, even if not labeled as "Yoruba" per se.

Abayomi Sofowora's book, *Medicinal Plants and Traditional Medicine in Africa* illustrates the importance that multi-lateral groups have placed on healing in Africa.¹⁴ This work also demonstrates that the Yoruba city of Ile Ife, Nigeria was a hub for (O)AU and WHO research. Here, he systematically displays approaches to understanding

¹³ McKenzie, *Hail Orisha! A Phenomenology of a West African Religion in the Mid-Nineteenth Century*. J.D.Y. Peel, *Religious Encounter and the Making of the Yoruba*, African Systems of Thought (Bloomington: Indiana University Press, 2000).

¹⁴ Abayomi Sofowora, *Medicinal Plants and Traditional Medicine in Africa* (Chichester: Wiley, 1982).

healing methodologies, in addition to analyzing other issues such as terminology.

Furthermore, Sofowora succinctly examines medicinal plants common to Africa. He specifies regions, making this a viable reference book for one researching healing.

Sofowora takes a balanced approach in that the negative aspects of healing are not ignored. While he operates from the premise that healing is a legitimate system, he highlights that holistic medical systems within Africa have not been as well organized through government standards, for example compared to places like India and China. Indigenous medicine disadvantages, like imprecise dosages are listed; while advantages like accessibility are highlighted and elaborated on. Finally, Sofowora advocates that African governments should implement “co-recognition,” of indigenous and western medical systems. This work is a general text, not intended to answer a research question.

Edited volumes are popular within the genre of healing in Africa studies. Toyin Falola, whose expertise is wide ranging, has co-edited an unparalleled amount of works that incorporate the topic of health in Africa. *The Political Economy of Health in Africa* (1992) was the first of Falola’s books on health to be published. Here, Falola and Ityavyar coordinate multi-disciplinary and geographically diverse contributions, as is the case of most edited volumes in this genre. Falola notes that economic strains on healthcare in Africa caused indigenous healthcare systems to go underdeveloped, and that the hosts of other issues arising from lack of financial backing for the healthcare infrastructure have caused a violation of human rights.¹⁵

¹⁵ Toyin Falola and Dennis Ityavyar, *The Political Economy of Health in Africa*, (Athens, Ohio: Ohio University Center for International Studies, 1992), 19.

Steven Feierman and John Janzen's *The Social Basis of Health and Healing in Africa* is widely cited as a staple text for the study of healing in Africa.¹⁶ This multi-disciplinary work has chapters specifically dealing with healing history. The introduction to the section on "Therapeutic Traditions of Africa: A Historical Perspective" is quite constructive. The editors recognize that European, Asian and African medical systems have co-existed since the Egyptian dynastic eras. The fact that Greek medicine is foundational to Islamic medicine is better demonstrated in works dedicated solely to Islamic medicine. With a pre-colonial sizable Muslim population in Yorubaland, this investigation certainly incorporates Islamic medicine.

Feierman's *Peasant Intellectuals: Anthropology and History in Tanzania* is an ethnographical account of holistic medicine and politics of the *Kilindi* people. In fact, one might argue that the author provides an innovative definition of public health, as indigenous African institution here. Feireman examines cultural retentions under colonialism. This work discusses the political meanings of the king and the chiefs' powers to 'make rain.' Feireman asserts that royalty seized the ability to make and prevent rain from local healing specialists. Eventually, people began to associate centralized governments with communal land fertility and famine with warfare and dissention.

The author is careful to incorporate pre-colonial foreign influences on local healing traditions, such as Islam. Significantly, Feireman unapologetically uses the term

¹⁶ Steven Feierman and John M. Janzen. *The Social Basis of Health and Healing in Africa* (Berkeley: University of California Press, 1992).

‘medicine’ in very much an African way—“medicines” are whatever means that are used to make life go well.¹⁷ As many herbalists and pharmacologists know, “powerful medical substances cannot be used to heal unless they also have the capacity to kill.”¹⁸ This deadly side to the healing is reiterated throughout Feireman’s work though medicinal battles were seen as anti-social and counterproductive. These types of similarities in the Yoruba Healing system are illustrated throughout this dissertation.

Janzen’s chapter “Ideologies and Institutions in Pre-colonial Western Equatorial African Therapeutics” in *The Social Basis of Health and Healing in Africa* examines Central African Bantu groups’ transformations of medical taxonomies, healing institutional bases i.e., political vs. religious associations, and particular healing ideologies. Janzen’s small chapter is more historical than his intriguing book *Ngoma: Discourses of Healing in Central and Southern Africa*, which examines the *Ngoma* healing system in Zaire (Congo), Tanzania, Swaziland and South Africa.¹⁹ Nevertheless, throughout all his writings, Janzen is able to maintain his consistent academic position that indigenous medical systems of Africa should be examined independently, yet in context, and not merely as systems that contest or are contested by Western medicine.

Megan Vaughan’s *Curing Their Ills: Colonial Power and African Illness* is a concise presentation of the cultural ideology of the colonial western medicine system(s) in East and Central Africa.²⁰ This text pertains to British colonies; therefore, several of

¹⁷ Steven Feierman, *Peasant Intellectuals: Anthropology and History in Tanzania* (Madison, Wis.: University of Wisconsin Press, 1990), 97.

¹⁸ Ibid, 11.

¹⁹ John M. Janzen, *Ngoma Discourses of Healing in Central and Southern Africa*, (Berkeley: University of California Press, 1992).

²⁰ Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity, 1991).

her insights are relevant to Nigeria. As was the trend among African historians of the late 1980s and 1990s, she partially addresses the colonial construction of ethnic identity, in this case—the general depiction of “the African.” Vaughan is able to extract the ideological purposes and results of the western medical arm of the colonial project, which included colonial medical officers and the missionaries. These two sets of western medical practitioners had differing agendas.

In general, pre-WWII medical services were “thinly spread throughout most of colonial Africa.”²¹ Nevertheless, the perspectives became pervasive. Africans’ health was seen in terms of biological race, with an obsession about sexuality. When that belief became unpopular, culture was used to explain indigenous holistic illness. More recently, those concepts have been absorbed by the idea that western medicine is universal. It is clear from medical memoirs that doctors depicted Africa as a place in which they needed to battle nature and savagery i.e., belief in evil. Vaughan reiterates the point that despite attacks from western medical practitioners and missionaries on forms of indigenous healing these systems have been resilient and transformational. These types of issues raised in this text are discussed in various chapters throughout this dissertation.

In Nigeria’s neighboring country of Cameroon, Kent Maynard conducted research for *Making Kedjom Medicine: A History of Public Health and Well-Being in Cameroon*. Maynard’s book seeks to distinguish transformations within the Kedjom indigenous medical system from the pre-colonial era. His position is that “Kedjom healers and others have sought out opportunities, co-creating the new traditions of contemporary

²¹ Ibid, 22.

popular medicine...[which] is the intended and unintended by-product of social interaction involving an extraordinary range of agents and institutions.”²²

Maynard examines ‘pre-colonial’ cosmologies and institutions of healing in social context, the epistemology of Kedjom medicine, the effects of European colonization and Christianity, the waxing and waning presence of healers in the mid-twentieth century, modern roles of healers, and recent public perceptions of the system. As a skeletal model this work is quite functional and the approach is valuable. Nevertheless, the dissimilar historical circumstances, social structures, and forms of evidence detract from the value of this work as a model for the study of Yoruba healing in colonial period southwestern Nigeria.

Indigenous healing studies that concern holistic medicine in the Americas and Asia have provided inspiration for this dissertation. H. De Burgos’s dissertation *Indigenous Medicine and Identity in Nicaragua* examines how the people of Veracruz de Zapotal use indigenous medicine as a strategy to achieve cultural self-determination.²³ Similar to the Yoruba, this healing system addresses physical, emotional and spiritual health challenges. Conversely, the Yoruba did not overtly use indigenous medicine as a key tactic in self-determination campaigns. However, Yoruba indigenous medicine has remained an important identity marker. De Burgos’s study notes that the great Yoruba musical star Fela Kuti publicly advocated that Africans reclaim healing.²⁴ Nonetheless,

²² Kent Maynard, *Making Kedjom Medicine: A History of Public Health and Well-Being in Cameroon* (Westport, Conn.: Praeger, 2004), 29.

²³ This anthropological argument about cultural identity is common in African studies.

²⁴ H. de Burgos, “Indigenous Medicine and Identity in Nicaragua” (University of Alberta, 2006 (Dissertation)) referencing Randall Grass, “Fela Anikulapo-Kuti: The Art of an Afrobeat Rebel,” *The Drama Review* 30 (Spring). February, 9, 1986, 132-148.

historical comparisons between Latin American and African groups become difficult because of the significant differences resulting from the timing and implementation of colonialism.

A Latin American study that does directly correlate with Yoruba healing is Robert Voeks' *Sacred Leaves of Candomble: African Magic, Medicine, and Religion in Brazil*. Candomble is a Brazilian religion that is primarily derived from the Yoruba faith—many of the rituals, divinities and philosophies are the same. Voeks' ethno-botanical study makes many careful comparisons of the therapeutic philosophies, religions, and plants of Brazilian Candomble communities, as well as their precursors and contemporaries in Yorubaland. This work also includes archival evidence and a historical perspective.

The plants used in Candomble healing are mostly indigenous to Brazil. However, about 18% of the flora in his study originated in African locations, with many from Yorubaland. About 30% of the herbs he examined have multiple uses, and a significant number are useful in both spiritual practices and physical healing. He notes that multifaceted uses of herbs have, at times, created conflicts. For example, the herb *carrapicho* is therapeutic for kidneys, but it is avoided because people have used it as a popular ingredient for bad/evil magic.²⁵ This work reinforces the global importance of a historical investigation on Yoruba healing.

The ancient texts of certain Asian cultures of India and China provide substantial evidence for the abundance of these healing studies. For instance, there were at least

²⁵ Robert A. Voeks, *Sacred Leaves of Candomble: African Magic, Medicine, and Religion in Brazil*, (Austin: University of Texas Press, 1997), 98-99.

2600 titles before 1936 on Chinese medicine²⁶. Paul Unschuld's text *Medicine in China: A History of Ideas*, is one example of an examination on the wide range of therapies that have been present in China, and the reasons why such diverse ways healing arose.²⁷ He employs several strategies in his methodology, including chronologies, linguistic analyses, socio-political investigations, and structural narratives. The author explains that different dynasties emphasized different ideas, about issues such as illness, religion and drugs. He analyzes religion in detail, includes medical missionaries' information, and translates indigenous medical texts. Such a large project, in addition to his other writings are imperative to consider when assessing any healing system, although the sources of very few other cultures could allow for the production of such comprehensive historical analysis on indigenous medicine.

Research Approach

Theory

Assorted theoretical perspectives have arisen from colonial African historical studies. These include, but are not limited to theories of: African-Centeredness, Subalterns, Marxism, Structuralism, Post-modernism, Ethnicity/Identity, Nationalism, purist colonialism, social-Darwinism, and Developmentalist. This dissertation accepts, considers and also plainly rejects various theories accordingly. African-centered and subaltern approaches to colonial history are apparent in this project. While Marxist ideology, conceptions of ethnicity and nationalist perspectives have been considered, the

²⁶ Paul U. Unschuld, *Medicine in China: A History of Pharmaceuticals*, (Berkeley: University of California Press, 1986), 2.

²⁷ Unschuld, *Medicine in China: A History of Ideas*, (Berkeley: University of California Press, 1985).

evidence does not dictate these perspectives are fully applicable to this study.²⁸

Conceptualizing history from colonial, social-Darwin, and/or developmental viewpoints is inappropriate because these theories attempt to illustrate that Africa's pre-colonial past was backward and primitive, and that industrialization has brought 'enlightenment to the dark continent.' Because of these core tenets that colonialists, social Darwinism, and developmentalist have, these theories are rejected here.

V.Y. Mudimbe criticizes colonial histories because he believes they seek to establish Africans as "the man in the bush," a stereotype which Frantz Fanon's writings graphically criticize with great detail.²⁹ There is no doubt that many histories on healing in Africa have imitated colonialists, Eurocentric perspectives that have described Africans as moving from the primitive-savage to the modern-civilized being.³⁰ These sorts of evolutionary, social-Darwinist, racist styles of history have at times been disguised as discussions on the 'benefits' of colonization, development, and modernized healthcare.³¹ Furthermore, there is a strong Eurocentric element to applying European frameworks to African societies for historical analysis, because it is in itself ethnocentric, if not racist.³²

²⁸ "Subaltern" meaning the oppressed, commoner or underprivileged local people. This term popularized by Gramsci, is one of several of his historical philosophies accepted here because concepts such as cultural hegemony and organic intellectuals is also appealing.

²⁹ V. Y. Mudimbe, *The Invention of Africa: Gnosis, Philosophy, and the Order of Knowledge*, (Bloomington: Indiana University Press, 1988), x. Frantz Fanon, *The Wretched of the Earth*, (New York: Grove Press, 1966).

³⁰ R. H. Davis, "Interpreting the Colonial Period in African History," *African Affairs* 72, no. 289 (1973), 383 discusses this primitive issue.

³¹ C. Neale, *Writing "Independent" History: African Historiography, 1960-1980* (Greenwood Pub Group, 1985), 7.

³² Mudimbe, *The Invention of Africa: Gnosis, Philosophy, and the Order of Knowledge*, 30.

Moderate and extreme forms of Marxist perspectives have dominated American and European academic African histories written in the post-independence era. Although these histories can illustrate the ‘social, political or economic’³³ impacts of colonialism, analyzing the “impacts of colonialism,” still positions Europe at the center of attention in “African” colonial era histories. The case is similar with structuralism and post-modernist theories. Various historians who have written on medicine and/or healing refer to Foucault and Fanon, for instance, because of the primary concern of coercive foreign power exercised in Africa, especially over African minds and bodies. However, when the historian steps outside of these theoretical approaches, then alternative agendas can be fulfilled, namely closer examinations of African social, cultural, political or economic realities that exist despite the oppression, domination and subjugation of colonialism.

This work explicitly expresses viewpoints of the ‘subaltern’ and asserts African agency during the colonial era. Similar to James Wilson’s approach, a large part of the goal in this African history is “to reconstruct the local histories of ordinary people.”³⁴ In this respect, this project does what African centered histories have intended to do, which is to incorporate African values and frameworks into its analysis, while working toward a non-imperial, non-hegemonic, pluralistic, diverse, gender sensitive, honest and self-critical approach.³⁵ As the African historian Ade Ajayi repeatedly suggests African/ist historians should not allow the European influence in Africa to be the hub of African

³³ A. Adu Boahen, *African Perspectives on Colonialism* (Baltimore: Johns Hopkins University Press, 1987).

³⁴ J. A. Wilson, "Political Songs, Collective Memories, and Kikuyu Indi Schools," *HISTORY IN AFRICA* 33 (2006), 365.

³⁵ C. Tsehloane Keto, *The Africa Centered Perspective of History and Social Sciences in the Twenty-First Century* (New Jersey: KA Publications, 1989).

history. Furthermore, he even argues that colonialism was just “an episode in African History.”³⁶

The radical perspective that ‘colonialism was just an episode in African history’ is considered in this dissertation. However, when accounting for agricultural and iron revolutions, empires and migrations in the long-term view of Africa’s past then Ajayi’s assertion is not as much of an outstanding disclosure. Of course, as an astute historian, Ajayi observes that during the colonial era some African institutions changed, while others remained the same. He does not propose that there are pure or static institutions in Africa, neither does this dissertation. Ajayi emphasizes the importance of acknowledging the strength and resiliency of various African traditions in the face of European assault. This perspective becomes very important when engaging the agency of Africans in constructing their history, such as with the resiliency of Yoruba healing.

Methodology

This dissertation does not aim to chronicle or designate Africans or African systems as timeless or static. Changes in the Yoruba healing system are evident throughout this work. Strict chronological histories illustrating incremental changes of a certain time frame is the most classic approach to history. Conversely, this project falls into the genre of histories that examine a topic during a time period, while recognizing transformations within the issue at large.³⁷ The aim here is to not create artificial distinctions that suggest overly dramatic chronological shifts toward new states of being

³⁶ J. F. Ade Ajayi and Toyin Falola, *Tradition and Change in Africa: The Essays of J.F. Ade Ajayi*, Classic Authors and Texts on Africa (Trenton, NJ: Africa World Press, 2000), 165.

³⁷ These thematic type of histories are most common among interdisciplinary histories such as, Nancy Rose Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo*, (Durham, NC: Duke University Press, 1999) and Vaughan, *Curing Their Ills: Colonial Power and African Illness*.

in the Yoruba healing system, though explicit changes in Yoruba healing are addressed. Lastly, there is a focus on themes pertaining to the state of indigenous medicine in Yorubaland during this colonial period because of the subject matter.

This dissertation, as a social and cultural history of medicine, uses a holistic healing investigative approach to reach beyond biological investigative portraits of health circumstances. Social circumstances, government and public policies, environments and ecologies, in addition to beliefs and perceptions that impact individuals' health and healthcare systems are assessed.³⁸ As Charles Rosenberg points out, illness is a universal cultural construction of the experiences and realities of individuals and social superstructures pertaining to health, which must be examined in a myriad of ways.³⁹ This study integrates the perspective that indigenous healing is holistic. As the WHO maintains:

Traditional medicine includes a diversity of health practices, approaches, knowledge, and beliefs incorporating plant, animal, and/or mineral-based medicines; spiritual therapies; manual techniques; and exercises, applied singly or in combination to maintain well-being, as well as to treat, diagnose, or prevent illness... Traditional medical knowledge may be passed on orally from generation to generation, in some cases with families specializing in specific treatments, or it may be taught in officially recognized universities. Sometimes its practice is quite restricted geographically, and [yet] it may also be found in diverse regions of the world.⁴⁰

The idea of holistic medical approaches was suppressed and ignored in the Western medical system and only in the closing years of the 20th century has the concept

³⁸ Janet Golden and Charles E. Rosenberg. *Framing Disease: The Creation and Negotiation of Explanatory Schemes*. (New York, N.Y.: Cambridge University Press, 1989), xv.

³⁹ Ibid, xiv.

⁴⁰ X. Zhang, *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review* (World Health Organization, 2001).

made a resurgence.⁴¹ Holistic medicine means that healing was conducted on the physical, psychological (mental and emotional), as well as the spiritual levels of the individual. Janzen adds that especially in Africa, healing also may extend outside of the individual being more philosophical, ecological, political, economic and/or sociological.⁴² Historical studies of Latin American, Asian, Native American, Middle Eastern (Islamic) and African Diaspora healing systems demonstrate the holistic nature of indigenous medicine. For instance, in Native American medicine common social beliefs among the Navajo, were that disease was caused by “soul loss, intrusive objects, spirit possession, breach of tabu [sic] and witchcraft.”⁴³

African American and Islamic medicine were also holistic and provide further examples for the need to incorporate all dimensions of healing. African American healing system(s) had spiritual and psychological causes and remedies for illnesses.⁴⁴ Wild herbs were common ingredients to healing recipes and the extensive use of herbs reflected serious expertise of the natural world because most healing plants also are toxic and/or poisonous. In Islam, the Quran, provided guidance on holistic health for its followers, such as rules and prescriptions for proper hygiene and dietary laws (e.g. food taboos of swine, alcohol and drugs). *Ramadan* (the fasting period) is one of the five major pillars of Islam and in part serves the purpose of purifying the body. Additionally, exercise and psychological well-being are also encouraged through the Quran. Besides addressing

⁴¹ Augustine Meier, Thomas St James O'Connor, and Peter L. VanKatwyk, *Spirituality and Health: Multidisciplinary Explorations* (Waterloo, Ont.: Wilfred Laurier University Press, 2005), 1.

⁴² Janzen, *Ngoma: Discourses of Healing in Central and Southern Africa*, 6.

⁴³ S. J. Kunitz, *Disease Change and the Role of Medicine: The Navajo Experience* (University of California Press, 1983) chapter by Jerrold Levy, 123.

⁴⁴ Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations*, (Chapel Hill: University of North Carolina Press, 2002), 86.

physical health, Islamic medicine has demonstrated a holistic nature in the sense that it has often coupled with religion and because it has incorporated metaphysical beliefs (i.e. astrology).⁴⁵ Historical studies of holistic healing thus require examinations of these various components of the system.

Evidence

Though the written word is forever inscribed and can be drawn upon for generations, there is no absolute guarantee of the validity or accuracy of any text written or oral.⁴⁶ The orality of most African societies has caused African Historians to seek data beyond the written word. It is now expected that most African historians will use evidence from many genres. Material culture used by art historians, botanists and archeologists are viable forms of evidence that have been used to substantiate or challenge historical arguments.⁴⁷ For instance, Okediji notes “Yoruba visual objects are reliable milestones for a people who regard life itself as a journey.”⁴⁸ Nonetheless, oral evidence has become most common with Africanist historians. It is important to be aware of the difference between oral history and oral tradition. Oral history is often a personal, unrehearsed background of an individual or their predecessors. Oral tradition is an official social performance, e.g. poetry and songs, or oral bodies of knowledge that in fact, can be acknowledged as a historical institution in itself. This dissertation

⁴⁵ Manfred Ullmann, *Islamic Medicine*, Islamic Surveys (Edinburgh: Edinburgh University Press, 1978).

⁴⁶ Jan Vansina, *Oral Tradition as History* (Madison, Wis.: University of Wisconsin Press, 1985), 33.

⁴⁷ As is demonstrated in Weik, "The Role of Ethnogenesis and Organization in the Development of African-Native American Settlements: an African Seminole Model." *International Journal of Historical Archaeology*, 2009.

⁴⁸ M. B. Okediji, *The Shattered Gourd: Yoruba Forms in Twentieth-Century American Art* (University of Washington Press, 2003), 139.

predominantly uses written and both forms of oral evidence, especially oral history, while citing relevant studies that have prioritized material culture.

Primary research for this dissertation was largely conducted in southwest Nigeria through the use of archival sources and interviews of healers who base their businesses upon local natural products and beliefs. While there are healing practitioners of the Yoruba system that live on other continents, the likelihood is that they have more difficulty in obtaining prescriptive remedies than those that live in the region of the systems' origin. Thus, it is probable that they are unable to practice as often and have less experience. One exceptional place that has a similar environment where Yoruba healers thrive is Brazil.

Since Yoruba were historically urban people, the research was conducted in specific cities, namely Ibadan, Ile-Ife, Lagos, Ot(t)a and Osogbo, although some healers resided in areas beyond these regions. Some of these cities are over two hundreds miles from one another, in a geographically broad region. These cities are historically significant to the Yoruba people, for modern and ancient reasons. Ibadan and Lagos, for instance are cities that grew significantly after 1800 as commercial centers, while Ile-Ife and Osogbo have enjoyed status centuries before 1800, having been ancient kingdom capitals.

Archival research

Archival research consisted of examining the Nigerian archives, local academic studies, and missionary records in the U.S. and England. Archives located in Ibadan, Nigeria were thoroughly examined and over 1200 pages of relevant material were

retrieved from the Ibadan archives alone. Additionally, Nigerian university sources included local theses, dissertations, and professors' manuscripts on healing. The CMS archives were examined in Gainesville, FL and Philadelphia, PA microfilm and extensive originals in Birmingham, England.

Documents retrieved from Nigeria were primarily colonial records, such as various Yoruba district 'Intelligence Reports', memorandums on legal disputes, "Notes on Customs & Superstition of Indigenous [Yoruba] Institutions," "Native Doctors, Medicine-men & Herbalists: General Papers," "Annual Reports of Medical and Health Departments," various 'Native Herbalist Association' papers and multiple forms of 'Correspondence on Witchcraft.' While the colonial records are apparently biased, and have cultural knowledge deficiencies, they provide surprising details that prove to be accurate when correlated with other references. Though Yoruba people wrote certain materials in the colonial records, local post-colonial conference papers on indigenous medicine and enlightening dissertations have been retrieved for additional perspectives.

The Christian Missionary Society archives in Philadelphia and Birmingham, England also provided fruitful primary documents. The medical journals that had articles relating to Yoruba included *The Mission Hospital* and *The Way of Healing*. Because the CMS established medical missions in Yorubaland during the colonial era, various letters, reports, postcards and newspaper articles discuss the challenges of the medical missions including their encounters with local healers. These records also reflect the variety of western medical professionals present in the area at one point or another, including other missions and the Rockefeller foundation health workers. Books directly relating to

medicine and healing in Yorubaland, which were not available or easily located in the U.S. were found in England.

Qualitative Interviews

Qualitative oral history interviews were in-depth, question and answer sessions with ten Yoruba healers. These ten healers are profiled in table 1.a on the following page. The group of interviewees represented a diversity of religious and gender classifications. The interviewees were ideal because of their family heritage of healing work, their exceptional reputations, even among other healers, their ages (predominately over 60), their activity in professional associations and their interest in legitimate research. Additionally, healers were selected via the author's and research assistants' social connections and political affiliations, as well as network referrals, especially from one widely connected healer, Chief Ifayemi Elebuibon.

Personal interviews took place in the business locale of the healers or their associates, and in homes. No interviewees refused to be recorded on video and/or audio, nor were any discernibly uncomfortable with it.⁴⁹ Written notes also were taken during the interviews. This type of research required assistance because many interviewees spoke Yoruba as a first language and English as their second language. Dele Ajayi, a graduate from the University of Lagos and local business owner, operated as an exceptional and thorough assistant, translator and transcriber during the successful data collection for this project. At the same time though, during most interviews other persons i.e., healers' family and friends were present and interested, and offered excellent insights

⁴⁹ By law, students conducting oral history interviews are not required to obtain Institutional Review Board permission to conduct interviews.

as well. Dayo Adediran a University of Ibadan graduate student also assisted in various phases of this project's research.

Table 1.a
Healers Interviewed for *The Resiliency of Yoruba Traditional Healing 1922-1955*

Name	Sex	Religion	Age	Expertise	Residence	Interview Date
Olusegun Adeboje	M	Christian	67	General Healing using <i>Odus</i>	Modakeke (Next to Ile-Ife)	August, 2001
Bukola Ajisafe	F	Christian	32	Herbs, Academia	Ibadan	April, 2008
Ifayemi Elebuibon (Chief, Babalawo)	M	Yoruba/ <i>Ifa</i>	61	General Healing using <i>Ifa</i>	Osogbo	August, 2007
Erelu (Onisegun Awo) Odua	F	Yoruba/ <i>Orisa Aje</i>	47	General & Prosperity Healing using <i>Orisa</i>	Ile-Ife	April, 2008
Edun Ogundeji Osawemimo	F	Yoruba/ <i>Orisa Osun</i>	62	General & Gynecology using <i>Orisa</i>	Lagos & Osogbo	April, 2008
Ifafunke Olagbaju/ Yeye of Lagos	F	Yoruba/ <i>Orisa Osun</i>	80+	General Healing using <i>Orisa</i>	Lagos	April, 2008
Fatai Olojede	M	Muslim	60	Gynecology	Otta	April, 2008
Edun Adebisi Omoyebi (Chief Aragberin)	M	Yoruba/ <i>Orisa Yemoja</i> ⁵⁰	80+	General Healing & Brain Function using <i>Orisa</i>	Otta	April, 2008
Mulili Atu Oyebisi (Iyaloja)	F	Muslim	65+	General & Gynecology	Ibadan	July, 2007 & April, 2008
Alice Oyeronke	F	Yoruba/ <i>Orisa</i>	?	General Healing using <i>Orisa</i>	Ogbomoso	April, 2008
F= Female						
M= Male						

The interviewees were asked questions regarding family history, past training, expertise, clientele, beliefs, and professional association experiences. The questions were asked in order of topical importance, to create a certain sequence and level of comfort in the dialogue, as well as in the case that the interview was cut short. Furthermore, many

⁵⁰ Chief Aragberin is also initiated (partially or fully) to Osayin, Osun, Sango, Esu, Osaoko, and Obatala.

of the questions returned to a main inquiry focus on their teacher, often a parent who lived during the colonial era. Most of the interviewees themselves were children and/or adolescents during this portion of the colonial era. Therefore some of their personal information and experiences have been adopted into this project.

The Chapters

The primary questions stimulating this project are as follows: 1. Why was Yoruba healing resilient in the face of powerful religious and western medical opposition? 2. How did Yoruba healing maintain regional respect and prominence? The themes that will be addressed in order to comprehensively answer these questions concern the history of Yoruba healing, the Yoruba social landscape, definitions of healing, the role of religions and spiritual beliefs in healthcare, and the significance of healing associations. This section is a brief summary of this dissertation's subsequent chapters.

‘The History of Yoruba Healing’ is a chronological examination of the transformations in Yoruba healing prior to, during and proceeding the 1922-1955 period. Primary evidence is used to temporally outline the issues that are elaborately investigated in the subsequent chapters. Cultural, political, medical, social, spiritual and professional changes that impacted Yoruba healing are discussed in this chapter. The transformations that occurred within Yoruba healing between 1922-1955 are also examined here.

‘The Yoruba Social Landscape’ explores the interactions between African and European and to a lesser degree American political, social, medical and cultural systems. First, the Yoruba institutions are reviewed because they retained a critical influence on

the health perspectives of local people. At the same time, European colonization brought new laws, new diseases and new curative options via political, social and cultural means and therefore must be understood.

Colonization of Africa and the birth of scientific medicine occurred simultaneously. Although the two were not necessarily intentionally related, they do overlap and are historically unpacked because of the competition western medicine provided to healing. The missionaries played one of the most prominent roles in this “colonization of consciousness”⁵¹ by using medicine as a key strategy for conversion. Thus, the evidence becomes clear that the lines between religion and healthcare were blurred from both the European and African perspectives.

‘Defining Yoruba healing’ establishes an essential foundation to understand Yoruba healing between 1922-1955. The concepts that healers use to describe their system are framed here. Additionally, this chapter concentrates on the physical aspects of Yoruba healing. For over a century, there have been scientific studies that reveal promise in the healing methods of holistic systems, demonstrating these systems’ worthiness and the usefulness of this study.⁵² This project works from the perspective there was efficacy within this system.

Tangible healing elements such as medicinal remedies and applications become more localized and culturally specific when examining healing. This tropical rain forest environment of Nigeria hosts thousands of plant, mineral and other natural medicinal

⁵¹ Jean Comaroff and John L. Comaroff, *Of Revelation and Revolution: Christianity, Colonialism, and Consciousness in South Africa* (Chicago: University of Chicago Press, 1991).

⁵² The National Institute of Health’s National Center for Complementary and Alternative Medicine has a myriad of trials. Countries such as China, India and Germany have undertaken such studies for decades.

forms of life that the healers were familiar with. Recognizing this knowledge is vital to answering how indigenous medicine has survived. Therefore, the variety of remedies that remained resilient over the generations is what provides evidence and explanations for the central questions of this study. This chapter also explores the types of healers, illnesses, and healing methods among the Yoruba.

‘Yoruba Spiritual Beliefs in Healing’ are two chapters, one concerning religion, the other spiritual malevolency and evil medicine. These analytical categories address the overlaps and divisions between healing and indigenous religious beliefs. They were not the same, although they were closely related and commonly co-opt one another. Healers and clients in southwest Nigeria were religiously plural including indigenous/*Orisa*⁵³ believers, Muslims, Agnostic and Christians. Despite religious differences, common beliefs in evil were basically the inverse of cross-cultural definitions of holistic health: that which enhances life, health, prosperity and social well-being. Evil was that which takes away these positive life components. Comprehending the difference between religious and spiritual beliefs in colonial southwest Nigeria was difficult for western medical practitioners, and even today westerners misunderstand the reasons for healthcare choices people make in Africa and other places.

Religion and the concept of evil are examined individually because of their complications and locally understood segregation. Both religion and evil among the Yoruba intimately incorporate ‘medicines’ or remedies from natural ingredients. During this colonial period, these medicines whether applied for mundane or metaphysical

⁵³ *Orisa* is the Yoruba word for divine forces.

reasons, were usually associated with healing. Regardless of their religious persuasion and level of faith or lack of it in Yoruba religion, healers provided antidotes for malicious medicine, thus a medicine for metaphysical purposes. Islamic and Christian perspectives and approaches to healing of the period are also evaluated under this topic.

‘The Significance of Yoruba Healing Associations’ examines the meaning of the institution(s) that increasingly affected and enhanced the prominence of healing during this period. Similar to western medicine, it was professional associations and the outcomes thereof that reinforced and eventually perpetuated social views of legitimacy upon healers. In the case of western medicine, conferences, journals and collaboration expedited the creation of an effective system. Although the Yoruba did not engage in the same style of information exchange, associations served socially significant roles. Almost every author who has commented on or examined Yoruba healing has dismissed the associations as irrelevant because they did not meet often. However, historically, it is not the frequency with which the associations met that mattered, it was the standards these organizations declared.

Associations of various kinds existed among the Yoruba before British colonization. The evidence in this chapter reflects that early twentieth century Yoruba healing associations submitted incorporation papers to the colonial government. During this colonial period, the Yoruba healers formed colonial government-recognized associations, likely because of the preexisting social tradition of having associations. Furthermore, healers sought to eliminate and control those practitioners known to be “quacks.” The concept of quacks was universal and found in cultures on every continent;

however, in this case, it clearly depicts the fact that Yoruba healing in southwest Nigeria was not an institution of quackery as some western medical practitioners in the colonial era and present day have implied. Yoruba healing in southwestern Nigeria operated with general standards, ethics and efficacy. All of the insights gained from the themes addressed in these chapters illustrate how Yoruba healing was resilient.

Conclusion

This dissertation provides the first known history of Yoruba healing. The literature reviewed in this chapter reveals that there were previous studies on Yoruba healing by authors such as Dopamu, Maclean, Oyebola and Simpson who concentrated on documenting the Yoruba healing system in the 1960s and 1970s. While they give very little historical perspectives on the topic, Yoruba healing in the 1922 to 1955 colonial period had similar aspects, making their works useful. The secondary literature is foundational to the history this dissertation illustrates. Nevertheless, this work engages the void left by the lack of comprehensive academic works dealing with Yoruba healing during the period of 1922-1955.

Each chapter of this project uses archival and oral evidence, in addition to secondary references. Primary sources are reviewed here, and throughout the dissertation reveal various insights. The oral history evidence allows this project to integrate female healers more than most previous studies. Also, Yoruba healing maintained a focus on both natural and supernatural illnesses and remedies during the years 1922-1955. Additionally, archival evidence indicates the impact colonialism had on Yoruba healing, issues that healers contended with in this period i.e., perceptions of evil, and the critical

role that associations played in perpetuating the success of Yoruba healing. The social and political circumstances that affected Yoruba healing, as well as the medical environments healers were forced to contend with during this period are examined. In the next chapter these themes are addressed chronologically.

Chapter Two

The History of Yoruba Healing

This chapter outlines the chronological developments of Yoruba healing over the last century. By highlighting the circumstances and changes within and surrounding Yoruba healing, this chapter provides a general history of Yoruba healing. The other chapters of this dissertation then elaborate on and substantiate various themes that are critical to comprehend when examining how Yoruba healing was resilient in the colonial era. Furthermore, prior and later periods are addressed here to provide context for the 1922-1955 period.

Transformations within Yoruba healing are illustrated during the following periods: pre-1922, 1922-1930, 1930-1945, 1945-1955 and post1955. The year 1922 is important because the British colony of Nigeria's "Companies Ordinance" was established then, creating opportunities for incorporated Yoruba healing associations to form. The 1920s was also an instrumental decade for western medical expansion in Yorubaland. After 1930 healers increasingly used British currency, amidst a global economic depression. In this decade colonial attempts failed to control spiritual malevolency, or people's use of spirituality for negative purposes. It was the efficacy of Yoruba healing antidotes that controlled spiritual malevolency. Around the close of World War II the Yoruba continued to choose Yoruba healing as a preferable health option and the year of 1945 was another pivotal year for the formation of over a dozen incorporated Yoruba healing associations. By 1955 movements such as the Atinga were

well over, and this year preceded the opening of the University of Ibadan teaching hospital.

Yoruba Healing Prior to 1922

Healing within Africa is as old as humanity. Worldwide people relied on nature to overcome illnesses of the physical, mental, emotional and spiritual human bodies. In southwest (SW) Nigeria, indigenous holistic medicine was practiced since “time immemorial.”¹ Although time immemorial is a vague concept, people have existed in the area for over a millennium. Since this time, people undoubtedly addressed their needs and maintained good health with the resources at hand. The ancestors of people who are today known as ‘Yoruba,’ have occupied this region for over the last 1000 years.

Documented evidence of the Yoruba’s religion, which includes priest-healers, is abundant for the 19th century.² One group of priests that also served as healers, repeatedly had political appointments, such as being the official counselor of the king or having a special chieftaincy title. Reverend Townsend, a Christian Missionary Society (CMS) missionary wrote in his journal in 1847 that:

The rulers of this country...[are] themselves up to be governed by Ifa [the divinity of knowledge] and other superstitions, who governed them by the casting of lots. Ifa must be consulted and Ifa must be obeyed in matters of the most trivial as well as of the greatest importance.³

¹ Dennis Ityavyar, “Health in Precolonial Africa,” 36, in Toyin Falola and Dennis Ityavyar (editors). *The Political Economy of Health in Africa*. (Athens: Ohio University Center for International Studies, 1992).

² Evidence from earlier centuries can be found in Ogundiran, Akinwimi “Living in the Shadow of the Atlantic World: History and Material Life in a Yoruba-Edo Hinterland, ca. 1600-1750,” in Ogundiran and Falola *Archaeology of Atlantic Africa and The African Diaspora*. (Bloomington: Indiana University Press, 2007).

³ “Section IV: African Missions-- Parts 3 and 4: Nigeria, Yoruba, 1844-1880,” *Church Missionary Society (CMS) Archive*, (England: Adam Matthew Publications, 1998). University of Florida (UF) microfilm reel 54.

Thus, the integrative nature of Yoruba medicine, religion and politics was quite common in this pre-colonial era. The holistic aspects of Yoruba healing were not limited to interrelations with religion and politics. Healing addressed the tangible body, the mind, one's spirit, as well as social relationships and daily activities. For instance, one's occupational work could undergo healing in the Yoruba context by taking medicine for success on the job.

Religious healers were not the only type of healers operating in the 19th century, for hunters and farmers also worked as healers during this time. Farmers grew food crops, as well as medicinal plants. These plants were used to provide home remedies or to allow healing specialists to offer their services part-time. Hunters, whose primary occupation may have been to hunt wild game in the forests, had secondary jobs such as being warriors and/or healers. Chief Erelu Onisegun Awo Odua of Ile-Ife, whose grandfather was born prior to 1922, stated:

My father inherited it [Yoruba healing]. My grandfather was a traditional healer and a hunter—chief hunter before he died. My father is the Chief Hunter of Ilare zone in Ile-Ife...My grandfather left it [Yoruba healing] for my father and my father taught his children...[Praise song] We are the Ilare's. The ones who make use of herbs. If this herb did not function, we will add another one to it. The offspring of the leaves that dances in the malta [pounding bowl; END]...This belongs to my father, of the kingdom of King Okunade Sijuade who was the patron of the traditional healers association...[I was also taught] from the books of my grandfather, my paternal grandfather gave birth to my father alone and he took my father from one place to the other so that he would not be killed, so after a while when he married my mother he came back home so my father now brought his father's book. But, I am the first child and I am inquisitive to traditional practice. I learnt traditional healing from this book..My father, the Chief Hunter of Ife is up to 75 years old [now]...[My grandfather's book] it was all based on traditional medicine. The hunters of those days used to have a lot of charms.⁴

⁴ Personal interview of Chief Erelu (Onisegun Awo) Odua, April, 2008.

Chief Odua's personal history of having forefathers who were both hunters and healers was common throughout Yorubaland. Remaining safe while journeying through the unpredictable forests was just as important as being able to outsmart a wild beast; medicine helped with these things.

The fact that Chief Odua's grandfather wrote a book to compile his healing remedies was not as common, although other early books of this type exist, also typically held by private citizen descendants.⁵ The 19th century was a time in which more Yoruba than ever before became literate, especially with the proliferation of Christian missionary schools. Learning to write Yoruba or English did not necessarily indicate that a person had converted to Christianity or lost respect for their traditions. At times, people sought to document traditions. One of the earliest authors on Yoruba healing, Odumosu, published works from research conducted in the late 19th century.

The idea of Yoruba healing associations mentioned in Chief Odua's statement suggests that there were pre-1922 healers associations. Healing associations, (or guilds in which Yoruba healers met) existed in the 19th century⁶ and of those, many were local ones that tended to be found in highly populated areas. However, many of the associations in which healers convened were religious and hunting associations pre-1922. While these associations were primarily for priests and hunters, those that had healing abilities befriended, collaborated and competed with others who had the similar skills.

⁵ If one could manage to obtain a variety of these personal books and compare them, it would greatly contribute to the history of Yoruba healing.

⁶ "The First Native Herbalist Society of Nigeria" CSO 26 J/1 Z/1c.



Above is a photo of Yoruba blacksmiths in Ile-Ife, Nigeria at work making the types of tools that are similar to those that hunters and farmers have historically used. Photo taken by author, June, 2001. Figure 2.1.



Above are examples of hunting and healing tools Yoruba blacksmiths in Ile-Ife, Nigeria made. Photo taken by author, June, 2001. Figure 2.2.

The 1906 establishment of the British colonial “protectorate” brought a system of indirect rule, with new laws and manipulations of Yoruba politics. Furthermore, colonial rule coincided with innovations in the western medical industry, which were supported throughout the region by the colonial political system. Additionally, there was an increase of European Christians who condemned most aspects of indigenous culture. They included the morality and efficacy of the Yoruba medical systems in their denunciations. One might logically presume that all of these colonial circumstances might have eroded the Yoruba healing system, but in fact, it did not. Nevertheless, there were challenges to Yoruba healing in the first two decades of the 20th century.

Yoruba healing was contested in the second decade of the 20th century by western medical technologies, the curtailment of healing practices, and new diseases. By 1914, European use of western medicine became accessible to Yoruba people on a limited basis, in part because of the presence of several western trained medical doctors including Yoruba western trained doctors. Some western medical technologies that were not typically used in Yoruba healing at this time included certain pharmaceuticals, vaccines, and surgeries. However, because some of these techniques were unsavory, not all Yoruba people were interested in the options that western medicine had to offer.

Circa 1917, the colonial government outlawed the Yoruba religious society of *Saponna*, which sought to control and minimize smallpox outbreaks. While the other Yoruba religious societies that addressed healing were not banned, this one was forbid because of alleged scandals that involved priests who intentionally spread the disease to steal from the victims. Yoruba healers still treated small pox cases, but discontinued any

overt associations with *Saponna*. Finally, the influenza pandemic of 1917-18 was not one that healers were profoundly familiar with. Thousands of people in Nigeria died of this illness.

Yoruba Healing 1922-1930

In the 1920s the changing medical, political and religious environments influenced Yoruba healers to fortify their system and take advantage of new circumstances. Healers attended to numerous illnesses that existed at this time, from stomach aches to reversing the fortune of failing businesses. Nevertheless, they took a fluid approach that changed with the times. In surveying the social landscape, healers had greater desires to clarify how they defined Yoruba healing. Furthermore, healers addressed their own and their clients religious and spiritual beliefs with greater diversity. Additionally, the significant increase in the number and types of associations that began at this time reflected healers' initiatives to provide themselves with more opportunities.

The publication of *The History of the Yorubas* in 1921 illustrated that attempts by Yoruba Christians to separate Yoruba culture from Yoruba religion were well underway.⁷ This dissection of culture from religion was actually a trend in more areas than religion. During this decade, Yoruba politics also became increasingly divorced from various areas of Yoruba life more than ever before. This separation of life dimensions applied to healing. Yoruba healing was historically ingrained in numerous aspects of Yoruba society and this did not necessarily decline—but, it certainly transformed. Nonetheless,

⁷ Samuel Johnson. *The History of the Yorubas from the Earliest Times to the Beginning of the British Protectorate*. (Lagos,: C.M.S. (Nigeria) Bookshops, (1921, Reprinted in 1956). Nonetheless, such attempts had been made before Johnson's, as illustrated J. F. Ade Ajayi, *Christian Missions in Nigeria, 1841-1891, the Making of a New Elite*, (Evanston: Northwestern University Press, 1965) for example.

the Yoruba religion was one main area in which Yoruba healing became more separate and/or altered.

The greater distinction in approaches to Yoruba healing was in part because of the rising number of Christian converts, as Islam had existed in Yorubaland for significantly longer. Between 1922-1930 the number of Christian converts never exceeded more than 20% of the Yoruba population, and many of those converts still engaged in indigenous beliefs and practices.⁸ This also meant strong retentions of healing ways. There were Yoruba also choosing to convert to Islam at this time who also exercised this distinction of Yoruba healing. Converts who extracted Yoruba healing ways from Yoruba religious practices, or from hunting and farming customs realized that they could still use natural elements and spiritual concepts to relieve an illness or ailment despite one's religion.

Mrs. Mulili Atu Oyeibisi, the head of one of Ibadan's healing marketplace, illustrates the ways patrons and practitioners maintained older practices while changing religions. She is a Muslim through marriage, but stated:

I am from a strong Christian home. My parents were strong Christians and my siblings became pastors and prophets...I am a traditional healer and I sell herbs...One cannot become a traditional healer if one does not understand herbs or usage of herbs. My father was a hunter, he knows charms but never sold herbs or did traditional healing as a job or trade. I learned charms and medicines from him...I got some [recipes] from my father's book...My paternal grandmother was also a traditional healer before she died. My aunt [also] taught me traditional healing...
He was over 100 years old, but we announced him to be 100 years when he died. My father died 30 years ago.⁹

Hunters and farmers were some of the earliest professionals that continued practicing Yoruba healing irrespective of whatever religion they chose. However, both

⁸ "Census of Nigeria 1931 Volumes II", Crown Agents for the Colonies: London, 1933.

⁹ Personal interview of Mulili Atu Oyeibisi, April, 2008.

hunting and farming professions were historically aligned with the Yoruba religion through patron divinities, namely, *Ogun* and *Oko*. Devotees of other divinities that were less tied to “professions” and more elaborate in their priesthood organizations, like *Ifa*, were less likely to separate healing from religion during this decade. The increasing departure of Yoruba professional reliance on Yoruba religion was due to shifting environments, greater personal choices, as well as political and economic climates.



Photo of Mrs. Mulili Atu Oyebisi at her herbal healing market stall in Ibadan, Nigeria, July, 2007.
Photo taken by the author. Figure 2.3

The 1922 colonial “Companies Ordinance” was one of the politically generated opportunities that promoted the resiliency of Yoruba healing. This meant the beginning of a period in which the colonial government allowed traditional healing associations to incorporate, and provided them with the opportunity to proliferate. While the majority of healing associations did not incorporate until later decades, the idea that such associations could be recorded and recognized by the colonial government was a win-win situation. The healers who took advantage of such opportunities were concerned with promoting Yoruba healing, their own businesses and/or abilities, as well as the safety of the general public. The colonialists professed to have this last interest, public safety, as their main agenda too—although the real primary colonial interest was to protect Europeans who sought to extract resources out of the area. Nevertheless, through the incorporated associations the colonialists could call on healers aid and expertise on relevant matters, such as disputes and questionable deaths.¹⁰

The Ordinance resulted in healers’ burgeoning awareness that the colonial government could serve as an ally. For example, the government option of incorporating associations helped them to expand their credibility amongst competitors and to further professionalize. In 1922, healers generally did not know that they could form or join incorporated associations. In this decade, some healers were vaguely aware of the Ordinance and/or had heard of other laws that pertained to the practice of medicine. However, these laws primarily concerned western medical practitioners, explicitly stating little regulation of indigenous medicine. Healers and herbal marketers were interested in

¹⁰ “Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:” 1921-1931, Oyo Provincial Papers, volume 1, file 105.

legal options though. “Yesufu the herbalist” wrote the Ibadan district officer in 1921, “Sir, I have the honour most humble and respectfully enter my following application under your control for pass [a license] to open a shop for Native Herbal Medicine Store at Idikan Street, Ibadan. I have the honour to be, Sir, Your most obedient servant.”¹¹

Personal licenses were not available for herbal marketers or healers.

The western medical industry was becoming entrenched in Nigeria in this decade. These medical alternatives dramatically increased in the 1920s with the initiatives of colonial government, western medical practitioners, medical missionaries, non-government organizations, and Yoruba physicians. These groups were establishing programs, services, and facilities for the Yoruba during this time. Before 1920, the focus was on the European populations, but afterwards there was a greater focus on Nigerians having greater access to western medical services.¹² Activities of these various groups in Yorubaland provided competition to Yoruba healers in unprecedented ways.

Patients/patrons of these systems did not necessarily see the presence of both healing options as problematic or inherently competitive. They saw the increasing diversity in healing options as advantageous to them. Nevertheless, Yoruba were in many instances suspicious of the western medical options. It was a turnoff when the western medical attendants patronized or were prejudiced towards Yoruba people. Additionally, if the western medical professionals did not provide a working remedy for an ailment, or offered an undesirable remedy (such as, an invasive surgery) then many Yoruba people did not pursue further treatment. The illnesses that western medical

¹¹ Ibid.

¹² Worboys, “The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940,” 211-12.

professionals concentrated on were not always in accordance with what Yoruba people sought. Western medical professionals were limited in the kinds of the illnesses that they addressed in this decade, even for just physical ailments (i.e., skin diseases), but they were especially unequipped to deal with emotional, mental and spiritual problems.

Western medicine did provide options and treatments to the Yoruba that were useful. This, coupled with their medical facilities, served as points of attraction. Of all the decades prior to 1955, the 1920s was the decade in which the largest proportion of hospitals was established in Yorubaland. Of these newly established hospitals, a missionary hospital was established in 1923, two government facilities opened in 1925, one missionary and one government facility were opened in 1926, and a government hospital was established in 1927.¹³ However, while hospitals offered more extensive services, smaller facilities called ‘dispensaries’ provided basic western medical options also. Dispensaries multiplied in this decade.

Yoruba western medical physicians were mainly permitted to treat only Africans due to the bigoted colonial customs and legal strictures. There were several of these foreign trained African doctors that established businesses in Yorubaland during this time. Furthermore, there were a few Yoruba who were trained in other western medical occupations, such as midwives and pharmacists. In 1923, a man named Joseph Ladipo Ogedengbe repeatedly appealed to the colonial government for testing, in order to acquire a druggist license.¹⁴ The colonial government did not quite know how to handle his

¹³ Schram, *Development of Nigerian Health Services: Five Hundred Years of Medical History from 1460-1960*, appendixes six and seven.

¹⁴ “Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:” 1921-1931, Oyo Provincial Papers, volume 1, file 105.

requests because he was Yoruba, and they only seldom engaged African western medical professionals—and then usually only physicians. They avoided giving him permission to operate and responded on a couple of occasions that he should continue working with the missionaries. He first worked with the Baptists, and then finally, in 1924, they asked him to seek help from the Wesley mission.



Doctors office cartoon satire by Gbenro. Figure 2.4¹⁵

The satirical cartoon pictured above, is in part, relevant to the 1920s. First, because in many cases health problems arose from issues of challenging lifestyles and political manipulation that Yoruba healers were aware of and remedied. Western medical professionals rarely considered the health impacts of fundamental survival issues or economic problems. Secondly, the fees for high quality western medical services were usually costly in this decade. On the other hand, many western medical services in the

¹⁵ Photo from the special collections at the University of Birmingham: *National Concord, Sunday Concord: Selected Editorial Cartoon from Boye Gbenro's Collection* (reproductions bound). Ikeja: Nigeria, Concord Press of Nigeria Limited, 1985. Figure 2.4.

1920s were free or offered at low cost.¹⁶ Yoruba healers and western medical professionals competed and overlapped on the issue of affordable care. Mr. Adeboje stated that “My father was a very good herbalist... We have different types of healers, and my father did not charge because he was a farmer.”¹⁷ Chief Aragberin states that in reference to the time in which his father practiced Yoruba healing, “Then it [Yoruba healing] was not for making money.”¹⁸

It could be easy to conclude that western medical professionals competed with Yoruba healers and caused a decline in their patrons. However, this was not generally the case since patients exercised medical pluralism and used all methods of healing available to them. The presence of competition forced healers to seek ways to strengthen their offerings and to realize that there were more ways in which they could treat patients. New models and competition ultimately contributed to the resiliency of Yoruba healing.

Yoruba healers did not take full advantage of the ‘Companies Ordinance’ in the 1920s. The two associations that were launched in this decade, namely the Ilupeju Society in 1926, and the Native Medical Society in 1929 are only mentioned in the records and are not extensively documented with incorporation papers. It took slightly less than a decade for the concept that healers could incorporate their associations with the colonial government to spread. Nevertheless, there were Yoruba healing associations operating during this time.

¹⁶ See Ven. Archdeacon H. Dallimore. “The Call From Ekiti, Southern Nigeria” article in *The Mission Hospital: A Record of Medical Missions of the C.M.S.* (Journal) London, 1935; from Church Missionary Society Archive, Section 3, Central Manuscript Records (England: Adam Matthew Publications, 1996-). University of Pennsylvania microfilm reels 55-62.

¹⁷ Personal interview of Mr. Olusegun Adeboje, August, 2001.

¹⁸ Personal interview of Chief Aragberin, April, 2008.

Most of the Yoruba healing associations, or *egbe onisegun* that operated in the 1920s were locally-organized for communal purposes, and were allied with indigenous political leaders. For instance, the Ilupeju Society noted that their existence was with the approval of the king of Abeokuta.¹⁹ Chief Aragberin notes that his father “was a member of this [local] association. As a matter of fact, they were the founders of this association.” He explained that the association carried out activities for the king and had no known interactions with a national government before the 1950s.²⁰ These locally oriented associations were the most recent additions to the hunting, farming and religious associations, which all served as templates for the incorporated associations that arose in later decades.

Yoruba Healing 1930-1945

Like many countries around the world, Nigeria had visible social transformations during the years 1930-1945. In the opening of this period there was a global economic depression, and by the end, the world had experienced its second war, which was more global in scope than the First World War. These factors played an important role in the social changes that impacted Yoruba healing. The growth of incorporated associations, environmental degradation, increased use of currency, and the use of public trials to resolve evil practices are noted changes of this period. While western medicine continued to expand and rival local healing systems during this time, the Yoruba healing system continued to be resilient because of healers’ efficacies, alliances and contestations. Additionally, Yoruba healing remained resilient because of people’s

¹⁹ “Native Herbalist Correspondence” 1934-1953, Abeokuta Provincial Office, District 1, 657.

²⁰ Personal interview of Chief Aragberin, April, 2008.

spiritual perspectives, for instance the need for recourse against the evil initiatives of malevolent people.

By the year 1930, healers had begun to take advantage of the ‘Companies Ordinance’ and submit incorporation papers to the colonial government. Generally speaking, these earlier societies’ rules, purposes and modes of operation were not as sophisticated as the associations that appeared in later decades. The rules of the Lagos Doctor's Society of Shangodeyi's House, established in 1930, addressed two major areas: local expectations and colonial laws for the proper approaches to Yoruba healing work. The rules forbade abuses of women, theft, misrepresentation, and the use of vengeful small pox medicine.²¹ Even though the first rule demanded that all healers be members of their association, this could not have happened and was a too crude of an attempt to encourage professionalization.

The First Native Herbalist Society of Nigeria/The Native Herbalist (Guild) of Nigeria submitted paperwork in 1937 although they noted that they existed since 1855. This organization’s regulations demonstrate a shift in awareness of the possibilities that associations could actualize. However, many of the basic ideals still applied. For instance, they note that a main objective of the organization was for healers to “assist one another.”²² The concept of maintaining networks for collaboration was a common thread throughout most associations, local and national.

²¹ “Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:” 1921-1931, Oyo Provincial Papers, volume 1, file 105.

²² “The First Native Herbalist Society of Nigeria” CSO 26 J/1 Z/1c.

Figure 2.5²³

NAMES OF THE OFFICERS AND THE RESPECTIVE REPRESENTATIVES OF EACH SECTION OF THE MEMBERS OF THE FIRST HERBALIST SOCIETY OF NIGERIA.		
<i>Lagos or (Ike) Section.</i>		
1. Yesufu Awoyemi Fatunbi	—	Olori.
<i>Head or President of the Society</i>		
2. Disu Ogidan	(Vice-President)	Otun.
3. Oseni Oke-Adaba	(" ")	Osi.
4. Lawani Baruwa	(Manager)	Majekobaje
5. Salami Fasoro		Seriki.
6. Badaru Tanno		Basorun.
7. Sani Atigboke		Aragberi.
<i>Ijebu Section.</i>		
1. Sale Jaiyeoba	(Head)	Olori.
2. Dada	(Vice ")	Otun.
3. Salami Agbaje	(Vice Head)	Osi.
4. Samola Idowu		Ekerin.
5. Osi Fadahun	(Sub-Head of Ijebu-Metta)	Olori-Awo.
6. Qunleli		Baba Egbe.
<i>Yoruba Section.</i>		
1. Yesufu Osi	(Head)	Jagun.
2. Ibikunle	(Vice ")	Otun.
3. Odeyemi	(" ")	Osi.
4. Lawani	(Manager)	Majekobaje
5. Atiba Bale	(Sub-Head of Ebute-Metta)	
6. Awolokan		
7. Sakin		
<i>Igbos Section.</i>		
1. Buraimo Koya	(Head)	Olori.
2. Belo	(Vice ")	Otun.
3. Alli	(" ")	Osi.
4. Tiyanmi Gbanifa	(Manager)	Majekobaje
5. Buntu		Basorun.
6. Rabiye		Ekerin.
<i>Egbo (a) Section.</i>		
1. Ojelade Alade	(Head)	Olori.
2. Rufai Olaye	(Vice ")	Otun.
3. Salami Oba bi-Olayun-kosi		Osi.
4. Belo Captain		Basorun.
5. Adewunmi	(Manager)	Majekobaje.
<i>Egbo (b) Section.</i>		
1. Sanni Afenpe	(Head)	Olori.
2. Taiwo Amodu	(Vice ")	Otun.
3. Gbadamosi Ogunzina	(" ")	Osi.
4. Oyerinde Akere		Ekerin.
5. Momo Ajiru		Asipa.
<i>Egbo (c) Section.</i>		
1. Amodu Ojo-awo	(Head)	Olori.
2. Sadiku Igi-Orinlo	(Vice ")	Otun.
3. Sotunde Rufai	(" ")	Osi.
4. Oloyede Babalawo		Ekerin.
5. R. A. Ademuyiwa Sjobami	(Clerk)	Akwe.
<i>Egbo (d) Section.</i>		
1. Yesufu Adaramapa	(Head)	Olori.
2. Gbadamosi	(Vice ")	Otun.
3. Odunbaku		
4. Taiwo Asaro		
5. Jacob	(Manager)	Majekobaje.
<i>Bakelure (Ijebu) Section.</i>		
1. Faniyi Oju'le	(Head)	Olori.
2. Awajobi	(Vice ")	Araba.
3. Abolarin	(" ")	Erinmi.
4. Olayun	(Manager)	Majekobaje.
5. Olu-Ifa		Agiri.
<i>Mixed Tribes - Igbos Section (Ebute-Metta).</i>		
1. Buraimoh Fashoro	(Head)	Olori.
2. Lawani Odejayi	(Vice ")	Otun.
3. Elesa Awo	(" ")	Osi.
4. Sanni Anjola	(" ")	Ekerin.
5. Agunbiade		Jagun.
<i>Egbo (Igbos-Northern & Igbos) Section.</i>		
1. C. A. Joaquim	(Head)	Olori.
2. Yankaja	(Vice ")	Otun.
3. Asani Oku	(" ")	Osi.
4. Asiatin		Ekerin.
5. Adebosunmo	(Manager)	Majekobaje.
<i>Keto (Igbos) Section.</i>		
1. Sanni Anjola	(Head)	Olori.
2. Atobale	(Vice ")	Otun.
3. Buraimoh	(" ")	Osi.
4. Salami		Basorun.
5. Karimu		Ekerin.
<i>Egbo (Igbos) Division of Igbos.</i>		
1. Odunban		Olori.
2. Oshorayo		Egbeji.
3. Ilesanya		Anibaba.
4. Orogiri		Esa.
5. Matan		Soguro.
6. Ode		Asipa.

The First Native Herbalist Society professed a wide membership. The pursuit of regional, as opposed to just local, membership was becoming ever more popular at this time. As global markets expanded, travel became more common and the nation-oriented colonial government became more entrenched; local citizens had a greater awareness of

²³ Ibid.

the potential strengths that could result from alliances with persons from other regions. Figure 2.5 illustrates the extensive breadth of The First Native Herbalist Society membership. The image shows a list of approximately 71 members, who all have official posts in the organization. This list does not include the general membership, which was larger. Some of the dozen “sections” listed in figure 2.5 reflect that the membership spanned important regions of Yorubaland, including “Lagos or Eko,” Ijesha,” “Ijebu,” “Egba,” “Yaba,” “Dahomey,” and “Keta,” for examples.²⁴

Another subject exemplified when analyzing declarations of The First Native Herbalist Society is the use of currency becoming a staple aspect to Yoruba healing in the 1930s. This association notes “Every head shall contribute a sum on One Shilling (I/-) into the Society’s funds every general meeting day.”²⁵ If healers had the currency for membership dues, then they must have earned this currency. The request of one shilling every couple of weeks must have been reasonable to spare. Thus it might be deduced that some healers’ charges were near this figure. Nonetheless, the fees that healers charged in the 1930s were variable and are difficult to determine. However, it can be stated that this was a period in which there was a transition from healers not charging and/or bartering, to healers requiring payment in currency.

When examining the associations it becomes evident that the Yoruba healers used various means, including networking and incorporation of currency to be resilient in this shifting social atmosphere. On the contrary, other antagonistic aspects to Yoruba healing arose, besides western medicine, such as the increase in polluted environments. It was

²⁴ Ibid.

²⁵ Ibid.

becoming obvious in the 1930s that urbanization, commercial farming, deforestation and neglect were eroding the towns of this tropical rainforest area.²⁶ Unhygienic environments also created health problems that the healers attended to, although Yoruba healers were not always aware that environmental sanitation was a cause of illness.

Before the 1930s, colonialists had been debating what to do about African beliefs in curses and evil spiritual practices. The colonialist used various terms to essentially concentrate on malicious metaphysical crafts. By the mid-1930s colonialists felt the demand was so strong for their participation in resolving these issues that they decided they would hear cases in Yorubaland of individuals accused of evil practices in traditional courts. With more social anxiety existing in the 1930s than ever before, it is no coincidence that accusations of spiritual wrongdoing resulting in misfortune were on the rise. Many calamities that people experienced were the result of colonial exploitations and there were certainly misfortunes that were bound to occur in daily living, regardless of the time, place or people. At the same time, there were actually people with malevolent intentions who used special resources to disturb other people's lives.

In Yorubaland, certain colonialists understood nuances of evil practices among the Yoruba. In 1933 a district officer of Ife and Ilesha asked the Oyo resident officer if accusations of "bad medicine" or "*magun*" fall under the issue of "juju."²⁷ Various officers distinguished what they thought was "juju" from "witchcraft" from "bad

²⁶ "Annual Reports of Medical and Health Departments," 1942, Ibadan Division, 1978 volume 1.

²⁷ "Witch-craft or Juju cases Trial of by Native Courts Forbidden exception in minor cases," Oyo Province 1150.

medicine.”²⁸ This was because they were using definitions from different parts of Africa and Europe. Some of these definitions were relevant to the Yoruba, and others were not. Nevertheless, *magun* or bad medicine in Yorubaland was exercised. Generally speaking, these Yoruba ideas concerned intentional, spiritually-affiliated attacks upon individuals that brought about suffering.

In 1934, the Oyo resident officer explained that “there is a class of native doctor who will...prepare medicine or juju...to cause harm to individuals.”²⁹ Of course, what is indicated here is the role in which Yoruba healers could have played if they created bad medicine. Nevertheless, healers made clear declarations that they did *not* engage in such behavior. In fact, contrary to the image portrayed above, most healers provided antidotes to evil medicines. Chief Aragberin stated that “I started first with a particular cough, which I cured, when I was 15 years old. The victim/patient was poisoned at night while asleep.”³⁰ The poisons that he speaks of were a concoction or curse that caused this person’s affliction.

Evil activities resulted in a variety of misfortunes that healers had remedies for, such as *Madarikon*, medicine that protects one against all types of evil. This is a principal reason why the mid-1930s court trials available to the Yoruba to resolve their conflicts were not popular choices of conflict resolution among the Yoruba. The few cases that were heard were sometimes of unusual, obscure natures. The Yoruba had various indigenous options to fight evil practices besides healers’ methods. The Yoruba

²⁸ Discussed in greater detail in chapter 6.

²⁹ Ibid.

³⁰ Personal interview of Chief Aragberin, April, 2008.

religion, as well as societies such as the semi-political *Oro* and *Gelede* societies sought to ensure that spiritual power was not misused. Laypersons used home remedies to detect if someone had intentionally generated misfortune for another. With these assorted ways in which the Yoruba could counteract evil practices, the courts were the most unattractive choice. In any case, Yoruba healers were consistently available and vastly knowledgeable in how to remedy such cases.

As the decade of the 1940s opened, an independent Christian church movement named the Aladura spread and presented an alternative type of competition to Yoruba healing than the various missionaries who had established medical facilities throughout Yorubaland. While the Aladura did not institute medical facilities per se, the church focused on faith-healing. The Aladura used rituals, as did the Yoruba religious healers. They also incorporated prayers and fasting to aid in an individual's holistic healing. This church provided ways to counteract evil practices. Ultimately, the church, which began to expand widely in the 1940s, not only contended with Yoruba healing, in several instances Aladura complimented Yoruba healing. Chief Erelu Odua stated, "I became a Christian and even established a church—a Cherubim and Seraphim church but...when I was operating the church I used traditional medicines to do the things of the church..."³¹

³¹ Personal interview of Chief Erelu (Onisegun Awo) Odua, April, 2008. Although her testimony of her own personal experience only occurred in the 1980s/1990s other such cases are alluded to for the 1940s period—but none found to be explicitly stated.



This circa 1930s photo is a “kola market near Lagos.” Kola nuts were used for many purposes between 1922-1955 including as a whole or part of Yoruba medicines. Figure 2.6.³²

By 1945, Nigeria had been affected by World War II because Britain extracted soldiers and resources from the region. This impacted Yoruba healing on several levels. First, Yoruba healers were exposed more intimately to foreign medical concepts, via soldiers’ service and other means of international interaction. Secondly, the financial situation of the region dictated that people continued to become more currency oriented. Thirdly, there was a growing awareness of nationalism in the air, and to healers this

³² Photo from the special collections at the University of Birmingham, CMS Unofficial Papers, Acc 233 F10/1-103 1860-1930. Figure 2.6.

meant a deeper drive to obtain status. Likewise, the multiplication of media outlets and overall commercial advertising influenced healers to promote themselves in new ways.

Yoruba Healing 1945-1955

The Yoruba healing system retained aspects of itself that were effective, such as usage of certain remedies. Meanwhile, it adapted to the post-WWII climate, via patrons' and practitioners innovative styles and approaches. The expansion of Christianity via medical facilities, schools and of course churches, impacted Yoruba healing in numerous ways. During this time, the status of priest-healers came into greater question; healers sought to institutionalize Yoruba healing; and lay person's attempted new methods to handle evil practices. As colonialism drew closer to its end, Yoruba healing continued to be resilient by adjusting to shifts in political, social, religious, and cultural circumstances.

The status of Yoruba priest-healers was in question after 1945 for various reasons, including the efforts of non-priest Yoruba healers, and because of new choices that the Yoruba priest-healers took themselves. Yoruba healers that came from hunting and farming lineages, or from less-influential Yoruba religious societies like *Saponna*, which was outlawed by this time, sought to gain an equal amount of recognition for being as effective healers as priest-healers, especially priests of *Ifa* the divinity of wisdom. Yoruba religious priest-healers formerly had the highest status among healers for a multitude of reasons. Priest-healers were often recognized as preeminent among healers because of their in-depth knowledge of the Yoruba religious system, insights into the mysteries of the spirit world, as well as an expansive healing repertoire. However, because some other types of Yoruba healers were more engaged as fulltime practitioners,

and because clients' religious interests were changing, clients were increasingly turning to other types of healers besides priests. Another reason priest-healers were formerly respected as the most senior of healers was that the Yoruba royal governments often recognized these types of healers, and several of these Yoruba religious healers, especially those of *Ifa*, had royal titles. However, because the colonial authority had eroded the standing of Yoruba royal political offices (i.e., kingships, chieftaincies, etc.) by 1945, the status of religious priest-healers was also challenged.

Non-priestly healers had been steadily asserting themselves as high quality healers, declaring that they too had the respectable credentials necessary to heal patients. They considered themselves colleagues of priest-healers, and even of medical doctors. The Yoruba ancient religious scripts, the association papers, and the oral history interviews used for this dissertation all confirm that in Yorubaland there has been a historical asymmetrical relationship between the priest and non-priest healers.³³ In almost every case, the non-priest healers also offered spiritual remedies and/or approaches to healing. Nevertheless, the method of diagnosis of spiritually-oriented illnesses, and the amount and types of spiritual remedies that non-priest healers offered often did not compare to that of Yoruba religious healers. However, as more of the population became Christian, people wanted to patronize Yoruba healers that did not overtly practice the Yoruba religion.

Rivalries, friendly and otherwise, occurred between healers of any type. Chief Fatai stated:

³³ "Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:" 1921-1931, Oyo Provincial Papers, volume 1, file 105.

He [my father,] was a member of an association. It was a difficult task then because whoever must be a member must be powerful and charming... Then in the association, they usually test themselves with charms. There was a time my father took me along to one of their meetings, a member of the association gave my father some herb to use. My father did [take the herb], not knowing it was a poison. After a while my father became uncomfortable, so he took some medicines from the bag he gave me to carry for him, so when he took the herbs, he was healed. They tested themselves with bad herbs and charms [then].³⁴

Such incidents did occur even though association members networked and cooperated with each other. At the same time, some Yoruba priest-healers were also members of the same associations that the non-priest healers were part of, as is illustrated above in figure 2:3 ‘The First Native Herbalist Society’ membership officer’s list.

Besides the fact that non-priest healers sought an elevated status in this era, priest-healers converted to Christianity and Islam in unprecedented numbers, likely in accordance with the trends of the rest of the population. Yoruba priest-healers that altered their religions also did so in part because of the global access these religions provided, although many did not realize the global networks of the Yoruba religion at this time. Various Yoruba priest-healers that converted to other religions covertly incorporated Yoruba religious approaches to Yoruba healing.³⁵ For instance, Mr. Olusegun Adeboje who was trained at one point as a *babalawo*, or priest of the divinity *Ifa*, described his long-standing career as a Christian. Additionally, he was a member of international spiritual societies such as the Rosicrucian order. Mr. Adeboje used the *Odu*’s or the ancient scripts of the Yoruba religion, to aid in his healing work, and even expressed that his proficiency was so exceptional that *babalawos* such as Wande Abimbola, priest, author and scholar, have sought advice from him. One of Mr.

³⁴ Personal interview, Chief Fatai, April 2008.

³⁵ Mary O. Adekson, *The Yorùbá Traditional Healers of Nigeria* (New York: Routledge, 2003).

Adeboje's recent projects involves connecting the *Odus* with the book of Psalms in the Bible. Nevertheless, his father who taught him a substantial portion of the healing that he knew, was not a *babalawo*, he was a farmer and a "really good healer."³⁶

Mr. Adeboje's father had specialized in gynecological Yoruba medicine. While some healers specialized prior to 1945, healers that specialized became a regular pattern at this time. This was in part because of capitalistic ventures rising in number and more healers operating their businesses full time. Gynecology was an area of great concentration among Yoruba healers because of the supreme importance placed on motherhood, children and legacy through children. Both male and female healers offered remedies for fertility and the birth and development of healthy children. While the western medical industry also sought to increase fertility of Africans generally, the use of midwifery and post-natal care was their main approach. Western medical practitioners did not offer as much in the way of aid in conceiving as did Yoruba medicine. This cultural goal permeated Yoruba people's priorities regardless of their religions, and was yet another instance in which Yoruba healing was resilient.

Several associations were established in 1947. The articles of incorporation of these later societies conveyed a broader range of objectives that connoted an awareness of the post-WWII climate. For instance, the emergent international perspectives of numerous healers were more apparent in the corporate papers of "The Nigeria Association of Medical Herbalists" which stated:

The Executive Committee...shall have power to appoint delegates from among its members or co-opt any other member from any group or branch of the Association to

³⁶ Personal interview, Olusegun Adeboje, August 2001.

attend conference/s or meeting/s inside or outside of Nigeria, interview any person or persons relating to any matter touching upon the interest of the Association.³⁷

The idea that Yoruba healers would need to and/or want to attend conferences outside of Nigeria is reasonable and obviously would benefit the efforts to reinforce the Yoruba healing system. Healers' desire to maintain the Yoruba healing system led them to the realization that it was important to incorporate additional knowledge, perspectives, and affiliations. The supplementary information and connections allowed them to enhance the system and compete with encroaching western medical options.

Healers sought greater involvement in legislative and academic/scientific initiatives as additional methods of legitimacy. Because Yoruba healing was a system that touched upon various areas of Yoruba life, healers felt it imperative that those they collectively considered creditable, should be the ones in which the government relied on in times of need (such as for court cases). They sought to prevent government reliance on "quacks." Healers also wanted to influence any laws that might be created in reference to Yoruba healing, since they were the experts in this area, not government agents.

Educational institutes offered healers additional opportunities to maintain resiliency. For instance, the earliest college in Yorubaland, the University of Ibadan, was established in 1948. Part of the mission of the university was to study local topics, and this resulted in eventual studies on Yoruba healing. Healers, especially those affiliated with associations, at times willingly contributed to academic and scientific investigations into Yoruba healing. In 1953 Chief L. Fawole, an Ile-Ife native and President of the

³⁷ "Native Herbalist Correspondence" 1934-1953, Abeokuta Provincial Office, District 1, 657.

“African Council of Herbal Physicians,” sent a formal request to the Lagos Department of Education and carbon copied ‘Muslims, Christians and Catholics’ on his request to lecture about African herbalism in schools. He sought to share the “advantages,” “practice,” “philosophy” and “result of researches carried out on African Herbs with special attention paid to their preventive and curative power they possess in relation of disease,” proposing herbalism be taught with botany.³⁸ Thus, healers not only sought to participate in research studies, they also facilitated them.

Practical issues still shaped the direction and initiatives of Yoruba healers and the healing system. The Yoruba healing system had to contend with the Atinga movement that swept across Yorubaland in 1951, since Yoruba healing offered antidotes to spiritual malevolency and evil medicinal attacks. The Atinga movement was a traveling West African movement against “witchcraft,” as colonialists, Atinga and Yoruba called it.³⁹ The Atinga used some general techniques that certain African religions including the Yoruba also used, so they were appealing in many ways. However, because of there excessive abuses and schemes this movement, was outlawed in colonial British Nigeria. Nevertheless, they were invited to operate in several Yoruba towns. The Atinga would “smell” “out” so-called evil doers, most of whom by their standards were older women who had children that died.⁴⁰

The culmination of high social anxiety in this intense colonial time, Yoruba’s concern for fertility, and the consistent concern over people who intentionally sought to

³⁸ “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

³⁹ Witchcraft is the pejorative term used throughout the archival record and by previous scholars on this movement, i.e., Morton-Williams, Simpson and Apter.

⁴⁰ “Witch-craft or Juju cases Trial of by Native Courts Forbidden exception in minor cases,” Oyo Province 1150.

inflict illness and suffering produced a ripe environment for the Atinga movement to have its burst of popularity. Nevertheless, Yoruba healers were mostly silent in commenting on the Atinga. Many Atinga participants had little experience with healing and antidotes for bad medicine outside of their brief careers in the organization. The circumstantial inference is that healers did not generally support the movement. By this point, healers had demonstrated their lawfulness and their sustained interests in maintaining the long-standing tenants of ethical healing. Avoiding becoming associated with a movement like the Atinga's was another strategy that healers used to ensure the resiliency of Yoruba healing.

The requests for individual licenses that appeared during these years, were, in part petitions to the government to establish this type certification. Gaining extra credentials was yet another strategy to enhance the Yoruba healing system. The request often resembled this 1952 inquiry of a "registration for native doctor:"

I humbly beg to submit this application seeking for registration as a native doctor. I do not know exactly how much it shall cost me to have the business registered so, I humbly request for necessary information and procedure.
I shall be very thankful to you if you can do me the favor of directing this application to the correct office if the above address is incorrect.⁴¹

Healers communicated that they expected and desired a government office to address their needs and concerns.

By 1954 the colonial government, with more indigenous representation, considered Yoruba healing more seriously than previously, although prior colonialists curiously showed respect. In a March debate of the House of Representatives, D.A.

⁴¹ "Native Doctors, Medicinemen & Herbalists: General Papers," MH 32 vol. II. This request was from a non-Yoruba Nigerian healer, as "applications" were coming from all over Nigeria at this point.

Nnaji stated that the current year's "sum of 950" pounds is too little for the government to give toward an

investigation into African drugs and medicines and local manufacturers of medical requirements...I say so because African drugs are playing an important part in the curing of many diseases where the [colonial] Medical Department has failed to cure or has been unable to cure. I have in mind such sicknesses as lunacy and tuberculosis...⁴²

Healers' still generally did not expect that the government would support them financially; their aim was to gain support legally.

Economically, attempts to establish hospitals may have fit the small and large desires of healers' to be financially successful. The numerous western medical hospitals that speckled the Yoruba landscape had decent patronage and thus provided greater influence than ever over the state of medicine in Yorubaland. Healers were not able to actualize hospitals during this era because colonial laws only allowed western medical enterprises to run hospitals. The 1956 establishment of the University of Ibadan's hospital was one of many pivotal changes that further inspired healers to eventually actualize hospitals in future decades.

Yoruba Healing Post 1955

By 1955, Yoruba healing had been resilient while numerous social, religious and political changes occurred in the decades before. Healers had gone from largely part-time non-charging healers to a greater number of full-time healers for financial compensation. As opposed to becoming weak in the face of competition from western medical healers, Yoruba healers fortified their system by establishing networks through incorporated associations and attempts to establish hospitals. Additionally, the colonial

⁴² "Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:" 1921-1931, Oyo Provincial Papers, volume 1, file 105.

political climate created opportunities for Yoruba healing that indigenous politics did not address. Because of colonial political options, healers increased collaboration, as well as strove for research and more forms of substantiation by 1955.

After 1955, there was a significant spike in the number of research studies conducted on Yoruba healing. This was in part because of the expansion of the University of Ibadan. Many of the secondary studies used as key references in this dissertation were completed in the 1960s. The post-independence era included intentional efforts of many new African nations to recognize indigenous systems. The Organization of African Unity (OAU) in 1964 created the Scientific and Technical Research Commission. This group held the “Inter-African Symposium on the Development of African Medicinal Plants,” in 1968.⁴³

One fact that was reflected in the studies of Yoruba healing in the 1960s and 1970s was that more Yoruba healers were trained through apprenticeships with non-family members, versus the historical way in which healers were trained, through their families. Additionally, what was demonstrated was a remaining popular usage of Yoruba healing. In the 1970s and 1980s healers integrated western medical technology and approaches more than in previous decades. Healers used tools, techniques, and some of the language, of western medicine.

From the 1980s to the present, there has been a remarkable increase in musical, print, video, and internet advertisements for traditional healing products and services.

⁴³ Ossy Kasilo. “Enhancing Traditional Medicine Research and Development in the African Region.” *African Health Monitor, A Magazine of the World Health Organization Regional Office for Africa*. (World Health Organization. 2003), 18.

These types of publicity and marketing strategies have promoted the Yoruba healing industry allowing for resiliency, despite ever-growing alternative medical options.⁴⁴ In more recent decades, healers have also succeeded in establishing Yoruba healing hospitals. Mrs. Osawemimo, a Yoruba healer and priestess states:

I also have a modern hospital which I built specifically for gynecology and traditional healing and if you need my services, you have to register. Also, the place we use for traditional healing is separated from where we sleep. These are the major changes from how our father used to do it then.⁴⁵

The Nigerian government has assisted Yoruba healing efforts to proliferate. For instance, aid for patents was offered in the 1990s. Furthermore, a national association for traditional healers is active in the new millennium. Again, Mrs. Osawemimo provides insight on this current matter. She has an impressive stature in the national association.

Myself and Soton, a soldier, brought the association to Osogbo. Because I am the mother of traditional healers of the federation (nationwide). And, I am the Ofun-Iyalode...all traditional healers, the Hausa, Ibos and [of] every traditional healer in Nigeria, I am the Ofun-Iyalode in general...[At the meetings we] enlighten ourselves...[members] can only tell me the kinds of medicine they use whenever such cases arise...We use to hold our meetings everywhere, like Port-a-court, [etc.]... but when the government told us to merge up, we were restricted from holding the meetings in all these places...[Furthermore,] the medical doctors do not want us to progress, we sent a letter to them so as to establish an understanding... [Ironically though, the medical doctors] bring jobs/patients to me. Sometime when I was interviewed by the general hospital, shortly after some days, I received a messenger from Kuti a medical doctor with a letter that he needed my presence at his hospital, so I went to him. When I got there he told me about a patient whom has been sick for so long and they had done everything they could but the illness refused all medicines. He wanted me to help so that the patient would not die. I did my best and the patient was healed.⁴⁶

Thus, as the Yoruba healing faces age-old challenges and continue to adapt to innovations, the system remains resilient. Resiliency as the persistent existence of the

⁴⁴ Akintunde Akinyemi "African Health on Sale: Marketing Strategies in the Practice of Traditional Medicine in Southwestern Nigeria," in Toyin Falola and Matthew Heaton's *Traditional and Modern Health Systems in Nigeria*, (Trenton, N.J.: Africa World Press, 2006).

⁴⁵ Personal interview, Mrs. Edun Ogundeji Osawemimo, April, 2008.

⁴⁶ Ibid.

system and the continued use of it, in recent years is for similar and yet differing reasons than those of the colonial period. A national association with multicultural members and healing hospitals are examples of recent beneficial modifications. Healers financial gain, negotiations with political and western medical professionals, as well as continued demands from people for Yoruba medicinal remedies, like fertility medicines, are just some of the reasons for resiliency that extend from the 1922-1955 period.

Conclusion

This chapter has illustrated transformations in Yoruba healing before, during and after the period 1922-1955 in the investigation of why Yoruba healing was resilient. The Yoruba healing system benefited from political changes of this period by gaining advantages through formalized engagements with the colonial government. Yoruba healers at this time became inspired and motivated, not overpowered, by the presence of western medicine. For instance, healers attempted to establish their own hospitals and addressed a wider array of illnesses. Yoruba healing also integrated religious diversity well and continued to offer remedies for the malicious elements of society. Additionally, Yoruba healing associations increased in number, scope and professional structure during this time. This subsequent chapters of this dissertation explores these and other aspects of the resiliency of Yoruba healing more in-depth. In the next chapter, “The Yoruba Social Landscape,” political and western medical circumstances healers dealt with between 1922-1955 is examined more closely.

Chapter Three

The Yoruba Social Landscape

Yorubaland went through a period of social transformation from 1922 to 1955, and in many ways this time was one of social renovation, especially affecting Yoruba healing. This timeframe covers key years during this colonial period. Because the British implemented indirect rule, traditions and culture were, in part, redefined, while at the same time, certain features were reinforced and maintained. During this same timeframe, there was an increase in foreign presence. Therefore, the Yoruba created various methods of management for these European cultural influences. This chapter looks at Yoruba institutions because they fortified, yet challenged the health perspectives of local people. This chapter simultaneously explores relevant aspects of colonial Nigeria, and discusses western medicine and specifically, the missionary's roles as they relate to health. New laws, new diseases and new curative options via political, social and cultural means are imperative to understand how the indigenous healing system in Yorubaland was resilient in this period.

Indigenous and Colonial Institutions in Yorubaland

The economy and government were the two major institutions that were maintained yet manipulated between 1922 and 1955, which directly impacted the state of healing in Yorubaland. Agriculture and markets are the main focus of the economic discussion, since agriculture was the principal occupation in this region. Agriculture was

also a notable aspect of healing businesses.¹ Additionally, the indigenous political system, which was historically intertwined with the religious system, must be understood in order to discover any relationships that directly impacted Yoruba healing. From a chronological standpoint, it was likely that agriculture gave rise to the political structures, and therefore, was the most foundational component to Yoruba society. Agriculture was a critical occupation that supported Yoruba healers.

Economies in the Colonial Era

Yorubaland, was composed of woodland savanna in the northern section and in the south was tropical rain forest with various rivers flowing throughout the region. Over the centuries agriculture is identified as the reason that the savanna regions expanded and the rain forests declined.² The amount of rainfall directly affected the crop yield and most areas of southwest Nigeria had good drainage. As in other African societies, Yoruba populations were aware and thus cautious of pests and epidemics, which were intensified with dry seasons. For example, the disease smallpox was associated with the dry season. Crops grow year round not just because of the dependable rainy season, but also because the soil was very fertile.³

The agricultural industry involved many crops including: yams, palm (for oil and wine), cereals, maize, beans, okra, kola nuts, groundnuts, black eyed peas, shea (for

¹ Toyin Falola, *Economic Reforms and Modernization in Nigeria, 1945-1965* (Kent, Ohio: Kent State University Press, 2004), highlights the importance of agriculture in Nigeria. This project's oral history interviews with Mr. Adeboje and Chief Elebuibon, and works such as Mary O. Adekson, *The Yorùbá Traditional Healers of Nigeria* (New York: Routledge, 2003) confirm that farming was common among healers.

² James McCann, *Green Land, Brown Land, Black Land: An Environmental History of Africa, 1800-1990* (Portsmouth, NH: Heinemann, 1999).

³ Although many crops were seasonal.

butter), melons, bananas, oranges, pineapple, mushrooms, calabashes/gourds, honey and cotton. Common foods were part of certain healing recipes. Scholars have noted that some crops such as yam and cassava, were staple food crops, meanwhile cash crops produced for export accelerated in this colonial period. Prior to the nineteenth century there were exceptionally popular crops that were actually adopted from external areas. “Plantain and groundnuts from Asia; maize, cassava, tomatoes, pineapples and ‘West Indian’ mangoes from the New World; commercial crops such as cacao, coffee and commercial tobacco,” have made their way into West Africa.⁴ These distinctions become noteworthy in a study on the history of Yoruba healing because ingredients such as mango leaves were quite common in remedies, and lead to the need to recall that indigenous medicine does not only include completely native ingredients.

This rich environment fostered the development of densely populated towns, supporting the third largest ethnic group in Africa.⁵ The success of this population size was, in part, the result of the efficacy of the healing system. The Yoruba people have been urban dwellers for centuries. Iron technology along with rich iron ore deposits in certain areas enabled the Yoruba to penetrate the forest regions and build urban areas. Nevertheless, it has been well documented that farms surrounded the majority of Yoruba towns. S. Goddard notes that the Yoruba referred to two different types of farms *oko etile*, which means farms on the outskirts and *oko egan* or farms in the forest/bush.⁶

⁴ J. I. Guyer, "Diversity at Different Levels: Farm and Community in Western Nigeria," *Africa*(London. 1928) 66, no. 1 (1996), 71.

⁵ Falola, *Economic Reforms and Modernization in Nigeria, 1945-1965*.

⁶ S. Goddard, "Town-Farm Relationships in Yorubaland: A Case Study from Oyo," *Africa* (1928), 23.

People travelled from urban areas to the suburban farmlands for work. However, the people who worked the *oko egan* lived in the rural regions.

Before and during colonization land was communally owned. Laborers consisted of family, organized labor, and prior to colonization, slaves. The number of wives and children a farmer had often determined his wealth. The organized labor system in which neighbors and friends exchanged work was seasonal. Scholars such as Goddard, Jane Guyer and Toyin Falola note that men were active farmers in the last century and a half, and there is little evidence to support the idea that women were the main agricultural force as in some other parts of West Africa. Furthermore, all scholars agree that it is necessary to distinguish the part-time verses the full-time farmers.

The part-time farmers typically had other occupations such as for men: healing, weaving, hunting, iron smelting/blacksmithing, leather workers, performers, musical instrument makers, fishers, carpenters, and carvers. Women also were healers and weavers. Furthermore, women were the dyers of the cloths, beer brewers, manufacturers of beads and pottery, palm oil and shea butter producers, hairdressers, marketers, and animal domesticators.

While Guyer maintains “cropping at the *community* level has not changed as much, if at all,” she as well as Falola illustrate the major twentieth century changes in commercial farming. Agriculture as a full-time specialization does not necessarily equate to cash cropping. The British colonial regime concentrated on cash crops, and in Southwest Nigeria cocoa took the lead.⁷ Meanwhile, many Nigerians resisted the

⁷ Falola, *Economic Reforms and Modernization in Nigeria, 1945-1965*, 69.

plantation style farming that the colonialist brought.⁸ The exploitation that colonial plantations brought not only applied to people, but also to environment, causing decreases in flora and animal diversity via deforestation, climate changes as well as increased pestilence—all of which impacted Yoruba healing to confront greater challenges.

Indigenous large scale farming was somewhere in between small scale farming and cash crop farming, with a few crops being cultivated, but not always for sale to urban areas.⁹ Most full-time farmers specialized in agriculture only, usually because they felt competent in that occupation.¹⁰ Typically, Yoruba social relationships were maintained through events such as naming ceremonies, weddings, funerals, religious festivals and community projects, which would draw people to the urban areas for days if not weeks at a time.¹¹ Undoubtedly, the interaction between part and full-time farmers in the urban area provided opportunities for persons to exchange healing ingredients.

The palace, which contained major markets and religious structures (i.e., shrines) were located in urban areas.¹² These urban areas or towns (*ilu*) had numerous shopping options. While the rural areas had food market places, the urban markets were essential social centers. All types of people made public appearances on market day—i.e., healers, hairdressers, musicians, debtors, criminals, politicians, diviners, and, of course, market

⁸ Ibid.

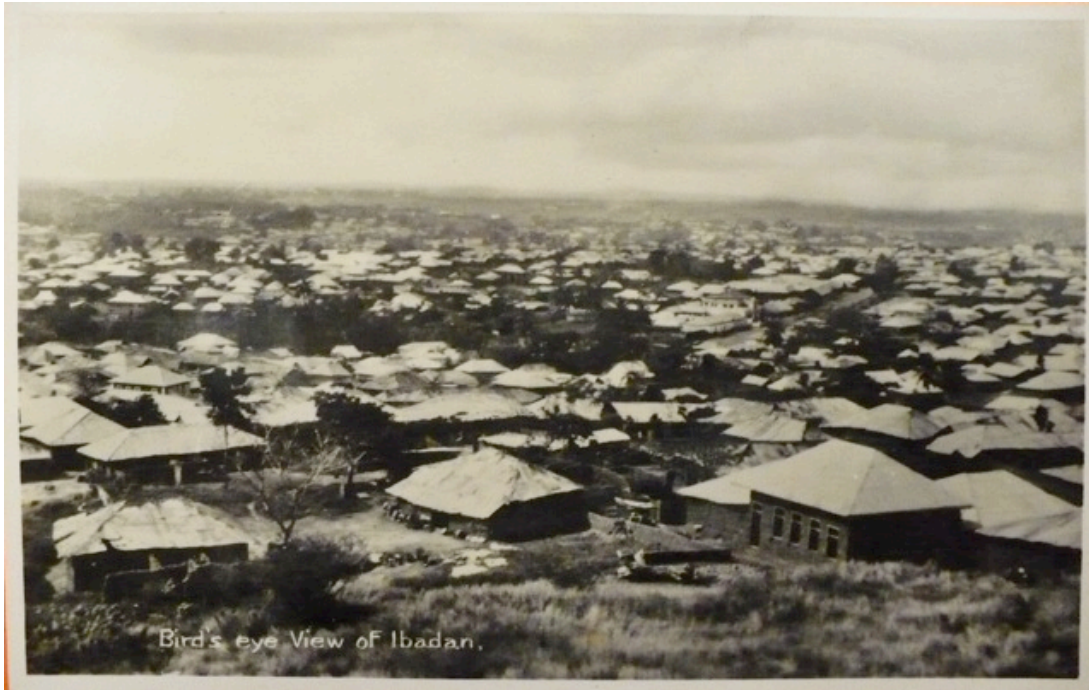
⁹ Goddard, "Town-Farm Relationships in Yorubaland: A Case Study from Oyo," 27.

¹⁰ Guyer, "Diversity at Different Levels: Farm and Community in Western Nigeria," 81.

¹¹ Goddard, "Town-Farm Relationships in Yorubaland: A Case Study from Oyo," 26-7.

¹² Toyin Falola and A. G. Adebayo, *Culture, Politics, & Money among the Yoruba* (New Brunswick, NJ: Transaction Publishers, 2000), 9.

sellers.¹³ Women dominated the market place as salespersons, and the head of the market place was typically a female with the title *Iyalode*¹⁴ or *Iyaloja*. The *Iyaloja* was known as politically influential and a proactive woman.



The urban Yoruba city of Ibadan, c. 1930. Figure 3.1.¹⁵

In reference to purchasing ability, the Yoruba did use currency before the introduction of British money in the form of cowry shells for small transactions. Beads were used for larger exchanges, because they were valued as precious stones. However, bartering in the pre-colonial era was possibly the most popular form of market exchange. Falola and A. Adebayo note that bartering was not necessarily a social activity; it was between people who were acquainted or could occur between those who simply did not

¹³ Deji Ogunremi and Biodun Adediran, *Culture and Society in Yorubaland* (Ibadan, Nigeria: Rex Charles Publication, 1998).

¹⁴ L. Denzer, "Yoruba Women: A Historiographical Study," *The International journal of African historical studies* 27, no. 1 (1994), 10.

¹⁵ CMS Lagos Bookshop postcard, Archive file, 1. Figure 3.1.

know each other. Furthermore, there were two types of barter—“goods for goods” or “goods for service.”¹⁶ It was common for healers to receive goods in exchange for their services in this colonial period. Nonetheless, during this timeframe European currency became increasingly popular. For instance, from the late nineteenth century until 1959 the elite used the British pound.¹⁷

Although most trade was at the local level, for centuries there was a market for long distance trade. The savanna and forest regions of Yorubaland exchanged goods, which meant that healers used food and other products that were not indigenous to Yoruba areas because they became available through long distance trade. Importation of European goods began in the slave trade era. Additionally, raw material from southwest Nigeria had been traded overseas for centuries. Colonization also brought an increased amount of European industrial technology, which changed the landscape of African handcrafted industries, and made certain aspects of agricultural production easier i.e., mills for palm oil. Thus, some of the foundational ingredients for healing recipes became more widely available. In addition, innovations such as, railroads and eventually cars in this colonial period increased inter-regional trade, as well as stimulated the growth of previously small urban areas. Foreigners were in control of many of the income generating industries between 1922 and 1955.¹⁸

¹⁶ Falola and Adebayo, *Culture, Politics and Money Among the Yoruba*, 30.

¹⁷ “The Global History of Currencies (GHOC), An Exclusive Service of Global Financial Data: Nigeria,” from http://www.globalfinancialdata.com/index.php3?action=showghoc&country_name=Nigeria. accessed on April 29, 2007.

¹⁸ Falola, *Economic Reforms and Modernization in Nigeria, 1945-1965*, 157.

Governments Under Indigenous and Indirect Colonial Rule

Yoruba kingdoms consisted of a collection of towns (*ilu*) with royal administrations that were hierarchical. The king was supported and directed by a network of community leaders. These community leaders included the compound or family head (*baale*) at the local level, and at the royal level, the king's council of senior chiefs of certain lineages. Chiefs were often semi or full religious leaders; some healers also were chiefs. The *Ogboni* society provided spiritual and economic protection to the town, religious sects, and the king. Related to the *Ogboni* was the *Oro* society. *Oro* was secretly responsible for protecting the power of the ancestors, executing sentenced criminals including those engaging in spiritual malevolency. For instance, chiefs felt compelled to offer protection against evil practitioners, well into the 1950s.¹⁹ These circumstances both complemented, and yet challenged the aims of Yoruba healers who also sought to control evil delinquency.

During this colonial period the authority of political leaders was distorted and diminished. Yoruba systems of government were similar, but not identical in various Yoruba kingdoms. After colonial rule began, in the "golden age of indirect rule" from 1914-1933, the British recruited chiefs as subordinates to the colonial district officers because they historically had social responsibilities of collecting taxes.²⁰ Various circumstances resulted from British political manipulation during colonization. The "Native Authority Council" was partially responsible for various changes, which in some

¹⁹ "Witchcraft Oyo," Oyo C226 and "Atinga" 1951, Ibadan, 2905.

²⁰ Falola, "Power, Status, and Influence of Yoruba Chiefs in Historical Perspective," in Toyin Falola and Ann Genova, *Yorubá Identity and Power Politics*, (Rochester, NY: University of Rochester Press, 2006), 168.

cases included: citizens detesting indigenous leaders who over-collaborated with colonial authorities, chiefs obtaining higher status than kings, chiefs losing status, kings losing the rights to capital punishment, Yoruba government officials becoming salaried employees of the colonial state, and educated elites being placed in indigenous political positions.²¹ In the case of the educated elite acquiring indigenous authority, this contentious situation became counterproductive, because so often the educated were taught to loath tradition and local culture, and thus, they often disrespected the system. The average citizen still adhered to indigenous authorities though. Healers engaged these various types of authorities.

The parliamentary system was established in Southwest Nigeria in 1951. While Yoruba rulers were incorporated into this system, in part, the educated elite retained most control of European style governments. *Obas* (kings) were even relegated to ceremonial status.²² The levels of authority among Yoruba rulers in the colonial period transformed because they were still concerned with culture and religion, but decreasingly enforced laws or controlled economics. Various healers were aware of these differences and therefore, corresponded to colonial and indigenous authorities in accordingly.

Laws were an essential component of the indirect rule system and “customary law” were expected to be upheld by the indigenous leaders.²³ Nevertheless, colonial laws sought to assert cultural and political reform and were used to define and challenge

²¹ Ibid, 168-170.

²² Ibid, 169.

²³ Kristin Mann and Richard L. Roberts, *Law in Colonial Africa*, (Portsmouth, NH, London: Heinemann Educational Books, James Currey, 1991), 21.

‘labor, authority, morality and culture.’²⁴ The Yoruba healers continuously used these laws to their advantage. Nigeria’s ‘native laws’ gained strength post-1930.²⁵ The law cited repeatedly in reference to healers was the ‘Medical Practitioners Ordinance.’

Ironically, this was because:

- Nothing in this Ordinance contained shall apply to the practice of a native system of therapeutics...[provided that the person practicing such system]:
- (a) is native of Nigeria who is recognized by the members of the tribe or of the section of the native community to which he belongs as being duly trained in such system,
 - (b) does not practise [sic] such system except amongst the members of the tribe or of the section of the native community to which he belongs,
 - (c) does not perform any act which is dangerous to life, and
 - (d) does not supply, administer or prescribe any poison within the meaning of the Drugs and Poisons Ordinance.²⁶

Therefore, the colonial governments were not greatly concerned with “native medicine” as long as it did not adversely impact the health of Europeans, nor was seriously contested by local populations. The limited attention that the colonial representatives gave to Yoruba healing did not stop the healers from appealing to the governments for aid and recognition, even ‘licensing,’ in the colonial period. This increase in requests continued and became part of the general post-World War II acceleration of indigenous demands for democracy and development through political colonial institutions.²⁷

In this colonial era, healers were well aware that the colonial authorities could detain and punish them if their practices were contested. Although quacks and charlatans existed, many healers relied on their reputation for protection, as well as their prosperity. Most healers did not attempt to heal an individual unless they were confident that they

²⁴ Ibid, 3.

²⁵ Vaughan, *Nigerian Chiefs: Traditional Power in Modern Politics, 1890s-1990s*, 34.

²⁶ “Native Herbalist Correspondence” 1934-1953, Abeokuta Provincial Office, District 1, 657.

²⁷ Vaughan, *Nigerian Chiefs: Traditional Power in Modern Politics, 1890s-1990s*, 44.

would have either some success, or at least not failure. Most of the oral history interviewees remarked that they never having ‘lost’ a patient, just as this indigenous surgeon intimated to Issac Delano in the 1930s. “I [Delano] spoke of his probable arrest, if discovered by the authorities...he had been similarly warned before...He would tell them [the police], he said, that if any of his patients died he was prepared to be hanged by the neck. And he laughed.”²⁸ It should not be concluded that it was colonial rule that encouraged healers to take the humble perspective of refusing care if a case appeared too difficult, because the religious records reflect this was a pre-colonial healing perspective.

This 1922-1955 period, a post-World War I and II era, also meant that there was a rise in healers that had knowledge of foreign medical systems. In a 1954 registration letter request, Adebayo, an herbalist states he was an “ex-service-man” having been a nurse for five years, and was “capable to use Native and English Medicine for healing and curing of all existing natural or human ailments.”²⁹ While he may have had an unusual pedigree, it was common that healers accepted western medicine, perhaps not for personal practice, but as complementary to what they could offer. This was not commonly the case with western medical practitioners, who sought to ignore and discredit the entire system of Yoruba healing.

Western Medicine in Colonial Yorubaland

Western medicine was commonly known as the type of medicine in which repeated documented scientific trails and standardized measured experiments i.e., via biological and chemistry observations have been used to help determine disease causes

²⁸ Isaac O. Delano, *The Soul of Nigeria* (London: Werner, 1937), 87.

²⁹ “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

and treatments. Western medicine was primarily based in Western societies such as Britain. Most typically, this branch of medicine was exclusionary to indigenous and faith oriented medical traditions that were deemed as “alternative medicines”. Professionals of the western medical industry ordinarily claimed that only specific organizations and institutions such as, academic medical associations and schools could declare a practice or practitioner as part of the western medical establishment. Many medical professionals used the Greek Hippocrates’ definition of the medical arts concerning disease, the patient and the physician.³⁰

In the late 19th and 20th centuries, health reforms, socio-medical discoveries, inventions and movements created and reinforced this system of western medicine. In the 19th century the medical frontiers were established or advanced in areas such as: cell biology, nutritional components, endocrinology, bacteriology, pharmacology/materia medica, surgeries, antiseptics, anesthesiology, secularization of hospitals, and the development of technology i.e., stethoscopes, internal thermometers and better microscopes. These innovations were achieved because of Western prosperity, partly resulting from colonial domination, the professionalizing of medicine in education and practice, greater government involvement in healthcare i.e., via licensing, and improvements in long distance communication e.g. via journals, conferences. However, the success of these aspects of western medicine only began to flourish during the Nigerian colonial era.

³⁰ Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity*, (New York: Norton, 1998), 4-5.

The adoption of “germ theory” is regarded as one of the most singularly revolutionary western medical and social reforms in the West to date. The concept that many diseases are caused by microorganisms that attack the body has been largely attributed to the research of late 19th century scientists Louis Pasteur and Robert Koch. Subsequent discoveries and inventions of cures, such as antibiotics and vaccines were thought to be final answers in the search for effective remedies; however, that was not the case. Although a monumental medical breakthrough, germ theory did not explain the origin of all diseases and as Yoruba healers recognized, certain illness had strong psychological components. Hospitals became a central component for perpetuating the western medical industry in the 20th century, in part, because they adopted germ theory, antiseptic surgery, clinical pathology, and technology such as x-rays. Doctors trained and specialized in 20th century hospitals.

With doctors, hospitals, commercial advertising and government campaigns against germs, the public did not have to rely on religion to answer questions about physical ailments. Thus the secularization of medicine was another 20th c. phenomenon of western medicine. The alliance of medicine and science reinforced the increasing disconnection between spiritual beliefs and healthcare because many disease causations were being proven as physical not spiritual. This did not negate the fact that certain diseases were cultural constructions.³¹

³¹ Janet L. Golden and Charles E. Rosenberg, *Framing Disease: The Creation and Negotiation of Explanatory Schemes* (New York, N.Y.: Cambridge University Press, 1989), xiv.

Imperial Medicine

The western medical industry openly represented itself as a triumphant and benevolent aspect of imperialism, implicitly justifying the manipulative exploits of colonialism.³² For example, the genre of ‘tropical medicine’ was not only created to allow Europeans to survive in foreign places, it also sought to paternalistically substantiate colonial notions of Africans, Native Americans and Asians as exotic, “primitive,” dangerous and lacking capacity for self-care. Additionally, various innovations to the western medical databanks i.e., medicines from herbs were sought and adapted from indigenous medicines, like the Yoruba, and credit for this was often not given.

Western medicine, additionally served as an “acculturating agent” among many indigenous groups.³³ Other imperial components of western medical engagement with various populations were the efforts to test theories and inventions by using certain people as experimental groups. The western medical establishment proved to be a menace to a variety of people, thus western medicine’s universal benevolence is a moot point.

Worboys states:

The role of colonial medicine in promoting the development of colonies went through three phases. Before 1914, priority was given to protecting the health of European functionaries, soldiers, traders, and managers to support the political and economic health of each colony. It was in this context that disease-specific approaches were introduced

³² As discussed in David Arnold, "Imperial Medicine and Indigenous Societies," (Manchester, New York, New York, NY, USA: Manchester University Press/St. Martin's Press), as well as in Cunningham and Andrew Cunningham and Bridie Andrews, *Western Medicine as Contested Knowledge* (Manchester, New York: Manchester University Press/St. Martin's Press, 1997).

³³ S. J. Kunitz, *Disease Change and the Role of Medicine: The Navajo Experience* (University of California Press, 1983), 3.

and ITM [Imperial Tropical Medicine] was established. After 1920, by which time morbidity and mortality rates among Europeans had improved, the health of the indigenes became an issue in situations where they worked in mines and plantations, and were potential consumers in towns. In the third phase, from the late 1920s-in the context of the collapse of world trade and the rise of colonial nationalism- the development and health policy agenda again changed. The welfare of indigenes became a focus of debate, if little action...The issue of the indigenous population's health was shaped by the ideas of 'trusteeship' and the 'dual mandate' that had emerged in Britain in the 1920s. This mandate required colonial governments to try and preserve indigenous cultures, while at the same time promoting their economic and cultural development.³⁴



This circa 1930 postcard photo of European woman with a Nigerian mother and children. This photo displays the paternalistic attitude of many Europeans at the time, stating that this European can care for an African child even though the mother is present. The photo invokes the idea of 'the poor helpless Africans,' especially with the contrast in dress conjuring ideas of alleged African inferiority, which did not represent reality since the Yoruba women of this period wore many styles of dress. Figure 3.2.³⁵

³⁴ Worboys, "The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940," *Osiris* 15 (2000), 211-12.

³⁵ Photo from the special collections at the University of Birmingham. CMS Unofficial Papers, Acc 233 F10/1-103 1860-1930. Figure 3.2.

Western medical staff sought to eradicate what they believed was endemic to Africans namely: traditions, hyper-sexuality, disease, ignorance and bad anatomy.³⁶ Additionally, western medical practitioners made thorough attempts to demean people's confidence in local health systems and demoralize social participation in holistic and local health approaches, especially of colonized people. The process of 'professionalization' resulted in the exportation and adaptation of the concept that there was a hierarchy of healers, with western medical doctors claiming to be at the top. A representative segment of western medical professionals socially constructed their industry as elite and attempted to completely suppress healing approaches not canonized by western medical practitioners or institutions.

In places such as Yorubaland, western medical doctors had some tolerance of Yoruba healers, though doctors such as medical officers and missionaries, used professional and political strategies in attempts to subjugate local healers. In the 1940 medical missionary journal, *The Way of Healing*, Dr. Mays reiterates throughout her article that "poisoning from native medicine is due to administering large doses of medicine, [which is] completely unsuitable at the best of times."³⁷ In sympathy of the doctors' perspective, yet accreditation to Yoruba healing A. Lucas and R. Hendrickse note that because Yoruba people normally patronized hospitals as a last resort: "a hospital

³⁶ Muisi, "The Politics of Perception or Perception as Politics? Colonial and Missionary Representations of Baganda Women, 1900-1945" in Susan Geiger, Nakanyike Musisi, and Jean M. Allman, *Women in African Colonial Histories* (Bloomington: Indiana University Press, 2002), 100.

³⁷ Mayes. "Pioneering in the Yoruba Country." *The Way of Healing*. London, 1940. Church Missionary Society Archive, Section 3, Central Manuscript Records (England: Adam Matthew Publications, 1996-). University of Pennsylvania microfilm reels 55-62.

study would tend to show indigenous medicine at its weakest and indigenous forms of medical care at their worst.”³⁸

The drive for western medicine to work on imperial terms of domination never was fully successful when considering world history and did not seem successful in Yorubaland. Some societies in fact, violently resisted western medicine while other societies reacted more subtly. For instance, when considering religion and spirituality as part of the “anti-medicine movements” case of Southern Rhodesia demonstrates that people turned toward African churches for therapy and blamed evil spirits for the influenza pandemic of 1918.³⁹ This pandemic certainly affected Yorubaland, with an estimated quarter of a million deaths because of it.⁴⁰ One reaction was that many coastal Yoruba fled to the interior, and this “flight of many Nigerians and their mistrust of European medicine were based not on ignorance, but instead on the knowledge of the ‘reckless disregard for human Native life’.”⁴¹ The colonial government offered little in the way of aid to the majority of Yorubaland during this pandemic, thus did not seize on a potential opportunity to gain western medical trust or confidence.⁴² In the long run this epidemic was one of several catalysts that caused healers to continually expand their

³⁸ A.O. Lucas and R.G. Hendrickse. “Yoruba Ideas of Disease Revealed by Hospital Patients.” *Papers presented at Special Seminar of: The Traditional Background to Medical Practice in Nigeria; 1966* University of Ibadan, Occasional publication 1971.

³⁹ Ranger “The Influenza Pandemic in Southern Rhodesia: A Crisis of Comprehension,” in Arnold, *Imperial Medicine and Indigenous Societies*, 186.

⁴⁰ Sandra M. Tomkins, "Colonial Administration in British Africa During the Influenza Epidemic of 1918-19," *Canadian Journal of African Studies* 28, no. 1 (1994), 68.

⁴¹ Ibid, 71 and 76.

⁴² Ibid, 69.

healing strategies. Other epidemics in southwestern Nigeria included the bubonic plague from 1924-26 and a 1932 famine during the world economic depression.⁴³

Imperial medicine concentrated on other epidemics and very particular health issues such as: hookworm, malaria, yellow fever and tuberculosis. The historical trend of western medicines orientation toward disease actually reflected and reinforced the approach of western medical practitioners' tendency to focus on programs that could produce immediate results. The focus on disease eradication often disadvantaged other health issues. Therefore, while some illnesses were relieved through western medicine, others still proliferated in various societies. Furthermore, this western medical approach excused participants in such efforts from engaging the social orientation of illness. For instance, the diseases that required repeated personal engagement and cultural sensitivity to resolve were those such as, diabetes and mental illnesses. Thus, healers emphasized their proficiency in resolving certain illness that Europeans could not.

It was not only colonial and missionary workers that promoted imperial medicine between 1922 and 1955, non-government (NGO) and multilateral organizations increasingly served as the most prolific, visible and penetrating aspects of the imperialistic western medical health forces.⁴⁴ Economic aid and scientific approaches supported through benefactors such as Rockefeller, is an example of forces that may have saved western medicine from possible failure otherwise. These two forms of redemption are interconnected because the western medical hospitals, medical schools and even

⁴³ D. H. Crumbley, "On Being First: Dogma, Disease and Domination in the Rise of an African Church," *Religion* 30, no. 2 (2000), 171-2.

⁴⁴ E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley: University of California Press, 1979), 3.

insurance companies were bolstered by the external support they received to pay for the expensive scientific technology.

The International Health Division (IHD) of the Rockefeller Foundation operated from 1913-1951 in over 80 countries including Nigeria and poured millions of dollars into its global projects. With the help of the IHD, New York laboratories, researched and promoted a wide range of tools to curb diseases, such as “chemical drugs, antibiotics, vaccines and insecticides” with DDT being the most infamous.⁴⁵ These efforts were not perfect or always effective. In some cases money was severely wasted and there were some serious side effects to certain remedies employed (like cancer), drawing criticisms that these international remedies were actually experiments on world populations. Furthermore, the excessive scare tactics used on people and governments to coerce them into project participation was a common ploy of the western medicine complex.⁴⁶ Though the IHD operated in Nigeria, their presence was part of a wider NGO presence because the Red Cross and the Salvation Army, after 1920 brought some basic western medical services to Nigeria too.⁴⁷ An example of an IHD doctor was Dr. Wilbur Sawyer who, with a team of scientists, in the 1920s and 1930s worked on a yellow fever vaccine in a Lagos laboratory.⁴⁸ The IHD is important to consider because multilaterals such as the World Health Organization (WHO), established in 1948, largely adopted the

⁴⁵ John Farley, *To Cast out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951)* (Oxford, New York: Oxford University Press, 2004), 1.

⁴⁶ Farley, *To Cast out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951)*, 139.

⁴⁷ Ralph Schram, *Development of Nigerian Health Services: Five Hundred Years of Medical History from 1460-1960*, (Kampala, Uganda: Makerere University College Medical School (Dissertation), 1968), 170.

⁴⁸ Schram, *A History of the Nigerian Health Services* (Ibadan: Ibadan University Press, 1971), 156.

Rockefeller approach to aid.⁴⁹ The Yoruba healing system did not have these types of financiers to compete with western medical initiatives. Nevertheless, they still managed to maintain resiliency.⁵⁰

Converging Points of Western Medicine and Indigenous Healing

George Simpson and Z. Ademuwagun's studies post 1955 reflected that patients generally remained pluralistic in their approach.⁵¹ These conclusions are worthy of consideration because it helps to contextualize the patient. The patient was the critical overlapping variable in western medicine and holistic indigenous healing. Ademuwagun observed that the clash between the two medical approaches increased because of pride not professional philosophy; Yoruba patients exercised medical pluralism regardless of the extra effort they spent. The degree of patients' education did not significantly impact pattern of choice; for indigenous, cultural, religious or psychological issues healers were preferred; and these practitioners seemed to better handle local diseases (i.e., malaria) over foreign diseases (i.e., flu).⁵² Chief Olojede states that "there are some illnesses and sicknesses that medical doctors cannot heal...but traditional healers can."⁵³

Numerous western medical doctors were fully aware that Yoruba healers had the same goals, which was to help patients get well. The career and activities of Dr. Isaac

⁴⁹ Brown, *Rockefeller Medicine Men Medicine and Capitalism in America*, 124 and Farley, *To Cast Out Disease*, 284.

⁵⁰ The WHO has more recently worked towards promoting greater levels of local input into the policies and practices of health.

⁵¹ George E. Simpson. *Yoruba Religion and Medicine in Ibadan*. (Ibadan: Oxford Press, reprint 1991) from 1964 study. Z. A. Ademuwagun, "The Challenge of the Co-Existence of Orthodox and Traditional Medicine in Nigeria," *East African medical journal* 53, no. 1 (1976).

⁵² Ademuwagun, "The Challenge of the Co-Existence of Orthodox and Traditional Medicine in Nigeria," 21.

⁵³ Personal interview of Chief Fatai Olojede, April, 2008.

Oluwole, reported to be “The Father of Public Health in Nigeria” demonstrated this.⁵⁴

Oluwole was educated in Europe and began practicing medicine in Nigeria in 1920, eventually becoming the first African medical officer there in 1936. He led public health campaigns pertaining to various issues including small pox and infant mortality.



Photo of Dr. Oluwole. Figure 3.3.⁵⁵

In reference to small pox, he sought to transform the Yoruba attitudes that vaccines were fatal, and he promoted bringing the sick to hospitals, instead of exercising the common practice of secluding the ill. “With a view of converting them he invited herbalists to the hospitals to see how new patients are treated and to compare results. Due to his persistence and untiring efforts vaccination became accepted”.⁵⁶ During the same period, another Yoruba western medical doctor, Dr. Oguntola Sapara campaigned

⁵⁴ *Dr. Isaac Ladipo Oluwole 1892-1953, Father of Public Health in Nigeria*, (Ibadan, Nigeria: Society of Health, Nigeria).

⁵⁵ *Ibid*, preface. Figure 3.3.

⁵⁶ *Ibid*, 22.

against the indigenous Yoruba religious practices pertaining to small pox. “Dr. Sapara pretended to become a priest [of *Saponna*, the divinity of smallpox] himself, and discovered what was going on.”⁵⁷ The “cult” was outlawed, though people still practiced clandestinely.

The issue of vaccination in Yorubaland during this period is worthy of commentary. As indicated above the Yoruba practiced inoculation with diseases such as small pox, years before a western medical presence in the region. Nonetheless, western medical vaccines were perceived as invasive. A colonial report stated that “Notwithstanding this [small pox epidemics], the people show no enthusiasm for vaccination, and were often hostile to it. This is no doubt due partly...to the employment of foreign vaccinators who show too little respect for the local authorities.”⁵⁸ Furthermore, Maclean, who worked in the region for many years, even stated many people who were immunized still contracted smallpox.⁵⁹ Thus, in reality, Yoruba’s social acceptance of vaccinations was minimal between 1922 and 1955.

African doctors were, in fact often fighting two forces, racists Europeans and ‘unenlightened’ Africans. They stood in the middle of these two groups, but as members of these indigenous societies, the doctors were very concerned about the manner in which Europeans approached African patients. An African doctor educated in the U.S. wrote (c. 1909) that:

Europeans frequently scheduled to serve the British government...have almost invariably been of that cheap trashy hide of human extraction, which being incapable of more than

⁵⁷ Schram, *A History of the Nigerian Health Services*, 141.

⁵⁸ “Notes on Customs & Superstition of Indigenous Institutions” CSO 26 6076.

⁵⁹ Maclean, “Nigeria 1956-65: A Medical Memoir.”

the meanest possible livelihood in their own country, have now and again been inflicted on West Africa.

Godless whitemen, some of them the veriest heathen, who go to our country to teach vice, inebriety, and all the follies of their vaunted Western civilisation. We regret the recommendation [to not allow African MDs to attend to European patients] did not exclude English doctors from attending West Africans. This would, of course, simply give official confirmation to the accepted rule of English physicians refusing to attend the natives (except at the hospitals), prevent their get-rich-quick fees, and save some of my people from some of those frightful alcohol sodden specters which sometimes terrorise their bedside.⁶⁰

So there is additional visibility into why African doctors engaged Yoruba healers with more depth than most European doctors did. Besides the doctors being culturally competent by knowing some benefits of Yoruba healing, they were not blind to the deficits of European perspectives upon Africans, even if they chose to learn the Europeans' medical systems.

The issue of infant mortality was of great concern to both healers and western medical practitioners alike, but for very different reasons. Missionaries and colonialists worked to correct the problem of African under-population.⁶¹ At the same time, sophisticated questions on the legitimacy of blanket depopulation/under-population ideologies has only been proposed and investigated by very few scholars.⁶² For instance, missionary records normally do not reflect the ratio of the medical incidents that they treated to the population of their regions. Thus, there is skepticism in the amounts of missionary and colonial claims that certain types of health calamities were common to

⁶⁰ Schram, *Development of Nigerian Health Services: Five Hundred Years of Medical History from 1460-1960*, 115, original document only referenced as above, not professionally cited.

⁶¹ Muisi, "The Politics of Perception or Perception as Politics? Colonial and Missionary Representations of Baganda Women, 1900-1945," 100, Turriffin, "Colonial Midwives and Modernizing Childbirth in French West Africa," and Rose Hunt, *A Colonial Lexicon of Birth Ritual, Medicalization, and Mobility in the Congo*, (Durham, NC: Duke University Press, 1999).

⁶² B. Fetter, "Decoding and Interpreting African Census Data: Vital Evidence from an Unsavory Witness," *Cahiers D'Etudes Africaines* (1987), brings up this question.

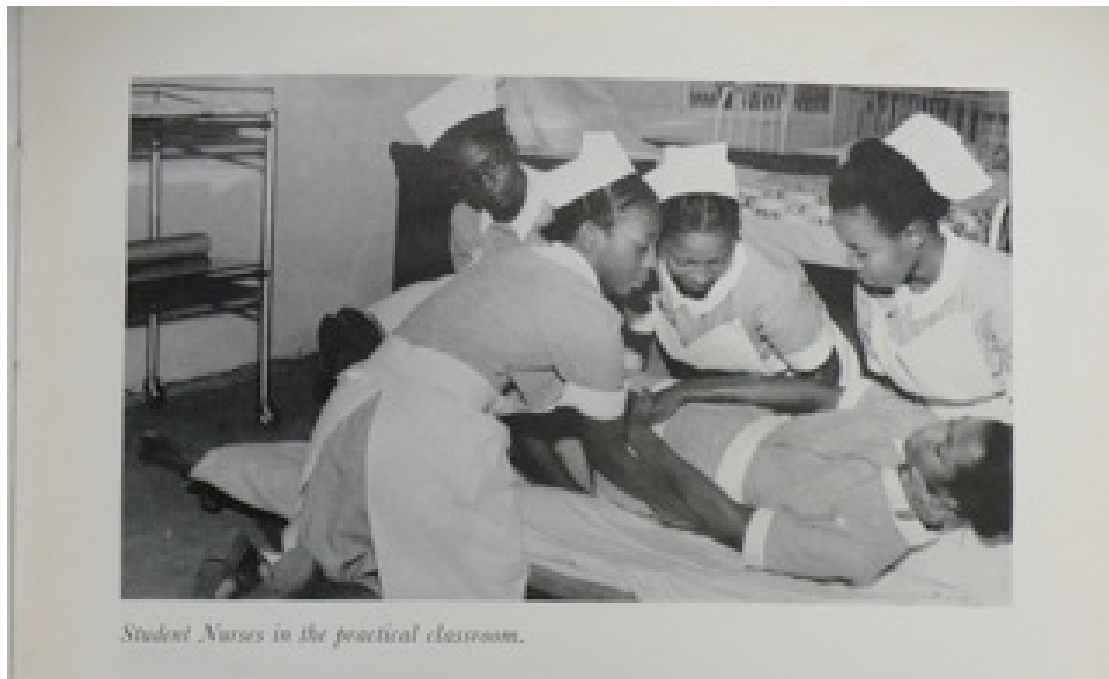
particular areas, and that there were high incidents of this disease or that syndrome. Missionaries and certainly colonialist, paternalistically needed reasons to save the ‘helpless Africans’

Midwifery was available both through the indigenous and western medical healing systems for many in Africa, including Yorubaland. Both colonialist and especially missionaries concentrated their efforts on maternal healthcare. Vaughn concludes that missionaries focused more on women, because they saw women as having the religious and healing power in their cultures. In particular, these women were midwives and leaders of initiations.⁶³ Nonetheless, the midwives’ training in the western medical system was typically more medically intricate⁶⁴ and primed for difficult births. Indigenous midwives often aided in birth with a basic health and large cultural agendas because Yoruba indigenous midwives saw birth as natural and women perfectly capable of handling it mostly on their own. Additionally, both western medical and missionary practitioners recruited and trained local midwives. While Oyebola criticized Yoruba midwives for not having certain knowledge of anatomy and physiology⁶⁵, one still finds that all groups of midwives had the intent of delivering healthy babies, but had dissimilar methodologies and differing priorities to this end goal.

⁶³ Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity, 1991).

⁶⁴ Turrittin’s “Colonial Midwives and Modernizing Childbirth in French West Africa,” 72.

⁶⁵ D. D. Oyebola, "Antenatal Care as Practised by Yoruba Traditional Healers/Midwives of Nigeria," *East Afr Med J* 57, no. 9 (1980).



Nigerian nurse students in the 1950s. Figure 3.4.⁶⁶

Missionaries and Hospitals

Missionaries

Missionaries were some of the greatest architects of colonial change in Africa, though they were only unofficially a segment of the colonial enterprise. The missionaries aggressively instituted an array of social programs in the areas of culture, education, industry and healthcare—they did more than engage in the business of proselytizing. Their efforts often exceeded that of colonial governments. Numerous scholars have depicted the missionaries as colonizers. The Comaroff's *Of Revelation and Revolution*, for instance, concentrates on missionaries' 'colonization of consciousness' providing

⁶⁶ "Student Nurses in the Practical Classroom" photo from pamphlet of the ceremonial opening of the *University College Hospital Ibadan*, c. 1957. "West African Medical Panel" CMS Archive, Overseas Division AFW M2 1955-1959. Figure 3.4.

detailed evidence that European missionaries intentionally sought to change Africans' ways of viewing life and the world. The missionary project was deliberately hegemonic, not just in religious, but also in cultural terms. This included approaches to sickness and wellness. In a 1948 missionary meeting in reference to a hospital in Ado-Ekiti Yorubaland, it was plainly stated that the hospital would help them 'preach the gospel.'⁶⁷

Certain insightful themes that underscore the missionary-colonialist alliance included the facts that: the ethnicity of the catechist also was transmitted in the religious teachings; the act of seeking converts was by nature ethnocentric and demeaning to the target of conversion; missionary careers and daily work greatly resembled that of colonialists; and lastly the compartmentalization of 'sacred and secular' affairs was typical, yet antithetical to African holistic lifestyles, causing disruptions in the local social fabric.⁶⁸

The ironic division missionaries' made in practicing secular medicine, though having a sacred mission meant inevitable clashes with African's so-called beliefs about the spiritual impacts on physical health, which missionaries often deemed as superstitious beliefs. Missionaries were determined to destroy African beliefs. Doctors frequently commented on Africans' beliefs in evil as part of the 'savage' ideals they needed to civilize before they'd be effective. However, the adaptability and pragmatism of African belief systems did not erode just because missionaries sought to eliminate them. Many Yoruba people embraced Christianity and western medicine while retaining their

⁶⁷ "Correspondence" CMS Archive, Medical Department M/Y A2 1918-1949.

⁶⁸ Beidelman, *Colonial Evangelism*, 8.

indigenous beliefs. In general, and especially when it came to the most precious possession people had, their body.

These spiritual beliefs carried over into Africans' views of missionary medicine. There were western medical treatments Africans received from missionaries that undeniably worked. The mysterious ways in which healing took place caused some Yoruba to interpret these forms of relief and cures as the "white man's juju."⁶⁹ Though missionaries, at best, secretly hoped that African people would see the medicine as miracles and then convert. Many Yoruba people were grateful for good health,. However, they often reacted with suspecting awe, unsure of the motives and uncertain of the source of this transformative power. Especially confusing would be the missionary stance that medicine and healing had no spiritual power, while their purpose for being present was to spiritually guide the Yoruba toward what they deemed as the proper and correct spiritual path.

The missionaries made significant inroads, yet their failures were numerous and continual. Etherington's notes that the missionaries contributed to their own mediocre level of success.⁷⁰ The small percentages of Yoruba people that did convert typically fit into categories of being: outcasts, educational seekers and economic opportunists.⁷¹ Many Yoruba had a resilient desire to live according to traditions and in harmony with their environment and society. Additionally, the heavy missionary presence i.e., Anglicans, Baptists, Catholics and Adventists, in various regions created a competitive environment

⁶⁹ Mayes, "Pioneering in the Yoruba Country."

⁷⁰ Norman Etherington, *Preachers, Peasants, and Politics in Southeast Africa, 1835-1880: African Christian Communities in Natal, Pondoland, and Zululand* (London: Royal Historical Society, 1978).

⁷¹ Ibid.

and gave some African groups, such as the Yoruba, so many choices of Christianity that they often opted out. A 1935 letter from the CMS Yoruba mission secretary stating that the Methodist plan to expand their medical practices. Therefore, the Methodists “may endanger our prestige” and that “jealousy [sic] is growing” between the two missions.⁷² That same year chiefs in a town named Ifaki, in the Ekiti district requested that all the churches in the area merge together—Anglican/CMS, Methodists and Roman Catholics so that these missions could build one hospital for the town, as opposed to the one Methodist dispensary they had at the time.⁷³

One result of missionary activities that simultaneously expresses both the failure and the successes of missions in Africa was the proliferated establishment of independent churches, such as the Aladura church of Yorubaland. Certainly, African people demonstrated agency in accepting and rejecting missionaries’ efforts. For instance, Josw Kate Mugema argued that the alliance of Christianity with western medicine was equivalent to a pagan cult.⁷⁴ This curious perspective reverses the accusations that were often placed upon African healing systems, which were only sometimes directly allied with indigenous religious institutions.

The missionary goal of evangelizing was constantly thwarted because the Yoruba sought out medical missionary health workers for non-medical reasons. Because many people viewed their own personal troubles with money or love as health issues, they expected that medical missionaries could resolve these problems. Thus, often times

⁷² “Correspondence” CMS Archive, Medical Department M/Y A2 1918-1949.

⁷³ Ibid.

⁷⁴ Frederick B. Welbourn, *East African Rebels; A Study of Some Independent Churches*. London: SCM Press, 1961, 42.

Yoruba people were disappointed when medical workers told them that they only offered services for physical ailments, so the Yoruba continued to exercise medical and spiritual pluralism. In fact, many medical workers in colonial Africa viewed Africans as difficult to work with because of their pluralistic attitudes. The 1931 Census roughly estimated that only about 10% of Yoruba people were Christians,⁷⁵ thus indigenous beliefs clearly dominated. Finally, though medical services were “thinly spread throughout most of colonial Africa,”⁷⁶ in Yorubaland, between 1922 and 1955 there was a steady increase in western medical options.

Western medical Facilities in Yorubaland

As indicated earlier hospitals and ‘dispensaries’ became the main mode for perpetuating the western medical industry internationally in the 20th c. While the colonial government established hospitals, the missionaries largely controlled the propagation of medical stations available throughout Yorubaland. Though the Christian denominations competed with, and also aided each other, Felix observes that: “the result of the interdenominational rivalry was the establishment of medical facilities, especially dispensaries, maternity centers, and hospitals in various parts of the region. In fact from about the 1920s, mission hospitals proliferated in Nigeria, and, as Ajayi observed, hospitals ‘almost rivaled schools as the means of evangelization.’”⁷⁷

Schram, who wrote two of the most comprehensive examinations of Nigerian medical history, lists the western medical facilities by types and dates of when they were

⁷⁵ “Census of Nigeria 1931 Volumes II”, Crown Agents for the Colonies: London, 1933.

⁷⁶ Vaughan, *Curing Their Ills Colonial Power and African Illness*, 22.

⁷⁷ J. F. Ade Ajayi, *Christian Missions in Nigeria, 1841-1891, the Making of a New Elite*, (Evanston [Ill.: Northwestern University Press, 1965) and Felix, "The Medical Factor in Christian Conversion in Africa: Observations from Southeastern Nigeria," 298.

established in Nigeria. In particular to Yorubaland, the following table 3.a details some of the available western medical options to which Yoruba people had access.

Western medical Facilities in Yorubaland Prior to 1955			
	Date	Location	Facility Type
1	1895	Abeokuta	Catholic Missionary Hospital
2	1897	Abeokuta	Leprosy Settlement
3	1912	Ilesha	Methodist Missionary Hospital
4	1913	Ibadan	Government Hospital
5	1923	Ogbomosho	Baptist Missionary Hospital
6	1925	Lagos	Government Hospital
7	1925	Ibadan	Nursing Home
8	1926	Ijebu-Ode	Catholic Missionary Hospital
9	1926	Ogbomosho	Leprosy Settlement
10	1927	Osogbo	Government Hospital
11	1931	Ilorin	Government Hospital
12	1943	Ife	Seventh Day Adventist Missionary Hospital
13	1947	Aro, Abeokuta	Government Mental Hospital
14	1949	Ado-Ekiti	Catholic Missionary Maternity Hospital
15	1952	Shaki	Baptist Missionary Hospital
16	1953	Owo	Catholic Missionary Hospital
17	1953	Ado Ekiti	Anglican (CMS) Missionary Maternity Hospital
18	1955	Ibadan	Catholic Missionary Maternity Hospital

Table 3.a⁷⁸

This table reflects that the government established five hospitals within diverse regions of Yorubaland. Clearly they were cognizant of providing geographically broad access. The leprosy settlements may have been a greater reflection on European priorities verses an overwhelming need in Yorubaland. Although there was only one nursing home and one mental hospital listed, the establishment of these institutions speaks to a health concern visible to colonialists. The Catholics established five

⁷⁸ Schram, *Development of Nigerian Health Services: Five Hundred Years of Medical History from 1460-1960*, appendixes six and seven, Table 3.a.

hospitals, the Baptists two, the Methodists one (though they had numerous dispensaries), the Seventh Day Adventists and Anglicans also having one hospital each. Most of these hospitals had at least 30 beds, typically more, and, there were outpatient services.

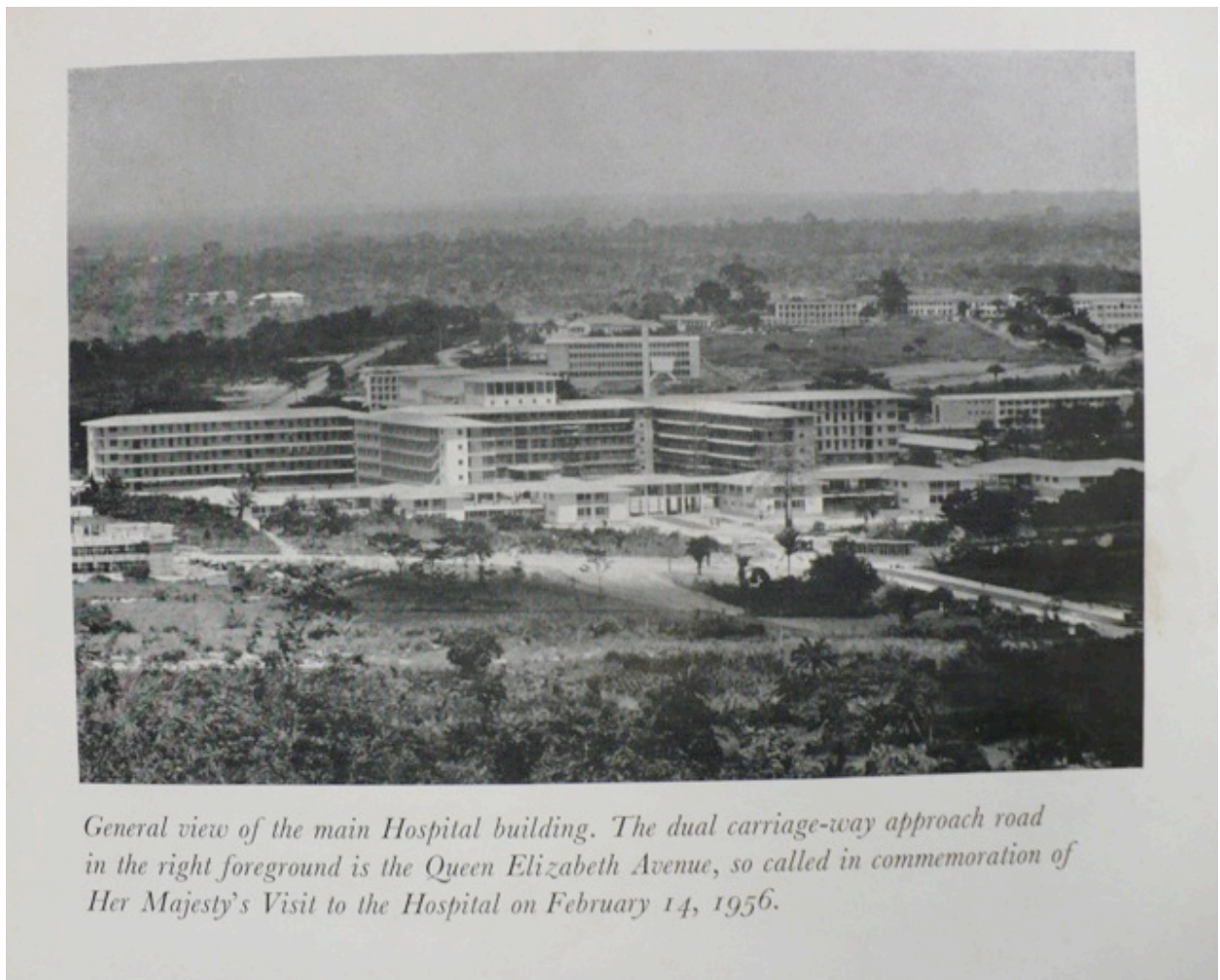
Eighteen hospitals in Yorubaland was an impressive number alone, however this chart does not include ‘dispensaries’ and smaller western medical establishments that existed prior to 1955. For example, Schram notes the Methodists actually established at minimum, several stations. One of these stations was founded in Igboora in the late 19th c. This medical outlet was actually established by a local herbalist who converted to Christianity and began to implement western medical care. By 1909 the “dispensary had washed away and no further medical work was established there until the nineteen sixties when it became an outpost of the medical school at Ibadan”.⁷⁹

The case of the government-sponsored mental hospital established in 1947 is certainly one of interest, especially because of the work of a prominent staff member of this hospital, Dr. T.A. Lambo, an internationally renowned Yoruba psychiatrist. Although Lambo only began his work at the hospital in the mid-1950s, he clearly respected certain indigenous healing approaches toward the mentally ill, as did his contemporary Raymond Prince. Lambo not only worked with Yoruba healers, but also instituted certain Yoruba practices.

His method of dealing with psychiatric disorder in patients sent to Aro was not to admit to the hospital unless it was unavoidable, but to place the patients in neighbouring villages as day-care patients, receiving their treatment from the hospital, or coming in for procedures that required hospital facilities. This type of community care was then still very rare in Western societies, and he was ahead of his time. The villages were more accepting of disordered people than their counterparts in Europe.⁸⁰

⁷⁹ Schram, *A history of the Nigerian health services*, 157-8.

⁸⁰ Schram, *A history of the Nigerian health services*, 188.



The new 1956 Ibadan University teaching hospital. Figure 3.5.⁸¹

Lambo publicly commented in numerous ways that western medicine was “grossly lacking” in its abilities to address the emotional and spiritual needs of people.⁸²

The numbers of attendees reported by various hospitals were in the thousands, giving the impression that Yoruba people flocked to the hospitals for care. Table 3.b is an example from the Anglican CMS mission to illustrate this point.

⁸¹ Photo from pamphlet of the ceremonial opening of the *University College Hospital Ibadan*, c. 1957. CMS archive file, 2. Figure 3.5.

⁸² T. Adeoye Lambo. “Problems of Adjustment Between Traditional and Modern Methods of Medical Practice,” *Papers presented at Special Seminar of: The Traditional Background to Medical Practice in Nigeria*; 1966 University of Ibadan, Occasional publication 1971.

CMS Ado-Ekiti Hospital "Yearly Returns 1946"	Patient Profile	Patient Numbers in the Hundreds
Number of New Cases Registered		7102
Total Out-Patient Attendances	at the Hospital	14,526
	at Stations	4883
	School Children	3369
	Ante Natal-Attendances	9496
	Infant Welfare	7569
	Government & N.A. Workers	480
Total Out-Patient Attendances		40323
Number of deliveries		534
Non-maternity in-patients		256
Minor operations		114

Table 3.b.⁸³

In analyzing this report, one may first wonder if these numbers were inflated, especially for the outpatients. Given that this hospital had 57 beds, one would deduct that the hospital was sizable, but not gigantic.⁸⁴ The CMS records frequently indicated that the hospital only had one doctor on staff at a time in normal circumstances. The number of patients reflects those who attended in a single year. In considering the number of “total out-patient attendances at the hospital,” 14,526, one could then estimate that per day in a year’s time, with the exception of Sundays and no holidays, approximately 46 outpatients were seen per day. That number seems dubious because even if that many people arrived in search of care, it is questionable as to whether they all could have been treated. If indeed this one hospital saw over 40,000 patients in a year, then there were

⁸³ “Yoruba Medical Information” CMS Archive, Overseas Division G3 A2 ML 1935-1959 from the special collections of the University of Birmingham. Table 3.b.

⁸⁴ Schram, *Development of Nigerian Health Services: Five Hundred Years of Medical History from 1460-1960*, appendix 7 notes there were 57 beds at this hospital.

enough attendees to make a claim that the Yoruba were quite willing to use western medicine during this period.

Financial considerations were part of the scenario from the European and the African points of view. Firstly, one reason why such a report would be of great importance was because the CMS, similar to other missions, received their funding from abroad. Those philanthropists needed reasons to continue supporting these endeavors, and high numbers of service could certainly encourage funding. An even larger curiosity in this discussion is that mission hospitals provided services at no or low costs. While it was stated earlier that one African doctor felt many European doctors wanted to extract money out of Africans, he was referring to government and independent doctors, not necessarily to missionary workers, who provided the a large majority of western medical healthcare in Yorubaland. While the Yoruba patient didn't need to pay for western medical services, they exercised medical pluralism although they needed to compensate healers, because of numerous western medical limitations and the array of options available through Yoruba healing.

Conclusion

Political and social factors affected the Yoruba healing system during this colonial era. Yoruba society was transforming from a primarily agrarian to an increasingly commercial society. Furthermore, indigenous governments increasingly eroded because of the impositions of the colonial government. Additionally, the medical arm of British imperialism sought to implement health and social reforms. By 1922 this meant strategies and campaigns to eliminate certain cultural beliefs that related to

healing. At the same time, Christian medical missionaries were quickly establishing a strong presence, especially through hospitals and dispensaries between 1922-1955.

The growing presence of imperial western medical options and medical missionaries did not stop Yoruba people from patronizing Yoruba healers. Some reasons Yoruba were not as interested in western medicine included racism, western medical services being basic and limited, as well as too narrow a focus on the physical dimension of illness. Most importantly, the efficacy of Yoruba healing, in addition to the ways in which healers took advantage of the colonial circumstances promoted the resiliency of Yoruba healing. The latter two facts will be highlighted in greater detail in the following chapters. Next, the attractiveness of the natural and physical Yoruba healing ways are examined.

Chapter Four

Defining Yoruba Healing

This chapter examines the meaning of Yoruba healing during the 1922-1955 period. The ideas discussed and analyzed in this chapter are: healers on “traditional healing,” the social aspects of Yoruba healing, such as prevention, holism, and public confidence, and the structure of the Yoruba healing system that related to the physical person terms as opposed to supernatural or spiritual components. In this chapter the physical and psychological components of Yoruba healing are examined. The final section details types of Yoruba healers, sicknesses, and methods of healing in Yorubaland during this time. What emerges from an examination on the status of Yoruba healing from 1922-1955 is that the system was resilient because of its popularity, array of remedies and efficacy.

Healers on “Traditional Healing”

Yoruba healers explicitly label their practice as “traditional healing.”¹ Healing (*iwosan*), healer (*onisekun*) and medicine (*oogun*) were terms and concepts employed among the Yoruba since at least the 19th century.² Nonetheless, the term “traditional” (*ibile*) is of question specifically in the Yoruba context and most certainly worldwide. Many scholars take the position that “traditional” is a colonial creation. While this perspective has validity, it does not restrict the definition to purely colonial distortions,

¹ As is noted in mid-twentieth century Yoruba healing studies by many authors such as D. D. O. Oyebola, “Traditional Medicine and Its Practitioners among the Yoruba of Nigeria: A Classification,” *Social Science and Medicine. Series A: Medical Sociology* London 14, no. 1 (1980). Furthermore confirmed by this study’s oral history interviews.

² See Joseph Odumosu, *Iwosan* (Ikeja: John West Publ., 1995 (originally 19th c.)).

nor does this line of thinking eliminate the term “traditional” as an appropriate

description. On tradition in the colonial context, Thomas Spear reasons:

When people resist forces intruding in their societies they frequently do so in the name of ‘tradition’, of defending their own way of doing things. Contrary to popular belief, however, ‘tradition’ is neither static nor monolithic. Rather, tradition is a contested terrain over which people debate contentious issues amongst themselves employing social ideas and values drawn from the past. Tradition provides a language for thinking about, debating, and resolving the problems of the present in an endless process of renovation, innovation, and transformation of the past. In short, tradition is a way of continuously discussing what constitutes a moral community.³

In direct relation to health and medical studies Green states:

First, a note on the terminology. It has been argued that ‘traditional healer’ is a misnomer because healers are not strictly traditional; they are adaptive and ever changing. However, I will use the term because African healers themselves tend to prefer it over alternative terms that have been proposed and it is the preferred term in public health.⁴

“Traditional” healing is an idea that generally connotes a local, multigenerational healthcare system. Scholars of various disciplines such as history, religion and medicine have undertaken studies pertaining to indigenous healing. Nonetheless, the fields of anthropology and botany have dominated these investigations and thus, have provided numerous labels. In fact, there is no shortage in the wealth of terms that apply to the concept of indigenous healing. These types of “medicine” or “healing” may include the following: herbal, ethno, alternative, natural, holistic, complementary, tropical, popular, social, folk, traditional and indigenous. The terms therapeutics, alchemy and shamanism have also been used. These words take on an assortment of meanings with subtle and

³ Thomas Spear, *Mountain Farmers: Moral Economies of Land & Agricultural Development in Arusha & Meru* (Dar es Salaam. Berkeley, Calif.. Oxford: Mkuki na Nyota. University of California Press . J. Currey, 1997), 12.

⁴ E. C. Green, *Indigenous Theories of Contagious Disease* (AltaMira Press/Sage Publications. Wahiut Creek, CA, 1999), 29.

sometimes significant differences; however, often times, the scholars focus on similar topics—culturally relevant and locally based strategies for well-being.

While all of the healers interviewed for this study noted some transformations in Yoruba holistic medical practices all indicated strong links with the past and confidence in local resources, material and philosophical. Chief Aragberin of Otta stated, “Traditional healing has existed since the days and times of our fore-fathers, before the arrival of the white men.”⁵ *Iyalorisa* or priestess Edun Osawemimo observed, “Traditional Healing is important to the society if practiced with good spirit. My mother was a gynecologist and a traditional healer. My father also was a traditional healer. Traditional healing is made to heal people who are sick.”⁶ Meanwhile, the 1930s “Native Herbalist Guild of Nigeria: *Igbarajo Egbe Onisegun Dudu Ti Eko*,” is just one example of several associations and individuals between 1922-1955 that linked themselves with past and local culture, in this case commonly using the colonial term “native”. In one set of incorporation papers they state:

This Society has been in existence for very long years before its being popularized by the late ABETIPA who became President in the year of our Lord One Thousand Eight Hundred and Fifty-five (1855)...This Society is formed for the purpose of (a) natural aid and protection among Native Herbalist, Adaunses or Oniseguns and those who practise [sic] the native system of Therapeutics in Nigeria.⁷

The WHO simply states, “a medical system is called ‘traditional’ when it is practiced within the country of origin.”⁸ Thus, as these reflections suggest, “traditional”

⁵ Personal interview of Chief Aragberin Edun Adebisi Omoyebi , April, 2008.

⁶ Personal interview of Edun Ogundeji Osawemimo, April, 2008.

⁷ “The First Native Herbalist Society of Nigeria” CSO 26 J/1 Z/1c. The date on the actual document states 1933, though correspondence in relation to it notes other dates.

⁸ X. Zhang, *Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review* (World Health Organization, 2001), 1.

incorporates innovation, links with the past and local or native ways. It is fair that the Yoruba healers describe themselves as “traditional healers.” Although the term “indigenous” is a descriptor used occasionally throughout this dissertation it carries a similar meaning to “traditional” in that local cultural components were a strong part of the healing system.

While there seems to be a common connotation and apparent meaning to the idea of indigenous healing, this is not always the case. Distortions of the idea of healing are reflected in views that label all healers as ‘quacks’ or ‘charlatans’ and/or practitioners of evil.⁹ Scholars who have done this often produced works that further reflect their ignorance, and laypersons’ motivations for doing such are often the result of stereotyping and/or the result of religious prejudice.¹⁰ Yoruba healers throughout the colonial period petitioned the government to promote the distinction between healers and charlatans. One appeal in 1940 stated, “riff-raff or uncertificated [sic] Herbalist pretenders are spoiling our proffessional [sic] works.”¹¹ Colonial administrator’s correspondence does reflect a consistent understanding of the difference between quacks and legitimate healers. In 1955 Parliamentary Secretary C.J. Mabey expressed the importance of investigations into “African medicine” and noted, “The great danger, of course is that for every genuine healer, there may be twenty charlatans whose sole object is to prey on the

⁹ Generally this is the idea a healer is fake or unskilled while claiming skills.

¹⁰ Though there are scores of texts to highlight this point, one is example is the work by E. L. Margetts, “Traditional Yoruba Healers in Nigeria,” *Man* 65 (1965).

¹¹ “Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:” 1921-1931, Oyo Provincial Papers, volume 1, file 105.

credulity of the ignorant. Our objective must be to protect the public from these charlatans.”¹²

The Social Significance of Yoruba Healing

General definitions of indigenous medicine are applicable to the Yoruba, nonetheless, a closer examination of Yoruba healing system demonstrates that it was informally structured and expansive. Clearly, this medical practice had numerous similarities with those of the colonial era, thus confirming a resiliency. At the same time the changes that occurred among the Yoruba population at large, as well as within its medical system were notable. The three components that reflect social views of Yoruba healing between 1922-1955 are: prevention, holism and public confidence.

Prevention



This c. 1930 postcard photo of Nigerian children bathing sought to substantiate the colonists' European impressions of the Yoruba as 'clean.' Figure 4.1.¹³

¹² “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

¹³ Photo from the special collections at the University of Birmingham. CMS Unofficial Papers, Acc 233 F10/1-103 1860-1930. Figure 4.1.

A major focus of the average Yoruba citizen was well being, especially having consistent good health and a long life. Therefore, prevention of sickness was a part of daily living. Two ways in which prevention was evident among the Yoruba was avoiding excess in consumption and behavior and maintaining good hygiene. The issue of hygiene was commented on greatly in this period. In a report on “Customs & Superstition of Indigenous [Yoruba] Institutions” c. 1930 a discussion detailed how the “Yoruba people are of healthy appearance and of good physique.” The work indicated that body cleanliness was important, men were well shaven, people washed daily and the towns were usually clean.¹⁴

The multiple types and uses of both soap and water in Yoruba healing makes it obvious how important cleanliness was among the Yoruba.¹⁵ Black soaps, most especially were medicinal, but also practical and commonly used. A 1946 missionary attempted to illustrate Yoruba culture to a friend noting, “As a person the African is often falsely represented as dirty, dishonest, and inferior. He is, on the contrary, particular over his toilet, and the ‘mud’ smeared over his body in illness is really native medicine.”¹⁶

While personal hygiene was coveted, both urban and rural areas of Yorubaland had been criticized for pollution and filth by various commentators during this colonial period. One colonial report noted that while “the general health of the people seems to be good, the sanitary condition of most of the villages is bad.”¹⁷ For instance, in 1942 at an

¹⁴ “Notes on Customs & Superstition of Indigenous Institutions” CSO 26 6076.

¹⁵ E. M. Rinne, “Water and Healing—Experiences from the Traditional Healers in Ile-Ife, Nigeria,” *Nordic Journal of African Studies* 10, no. 1 (2001).

¹⁶ “Correspondence” CMS Archive, Medical Department M/Y A2 1918-1949.

¹⁷ “Assessment Abeokuta Province; Report: Otta District,” 1927 CSO 26 20629.

Ibadan Health Committee meeting, Oyinloye Jenriyin spoke about his concerned that the new generations since colonization forgot the ways of the

old women [who] kept guard over wells and brooks with mounds built round them to prevent pollution and they (the old women) would not allow any person with guinea worm to go in to fetch water...old women kept vigilant watch over wells and brooks by constantly sweeping the surroundings. Water lettuce protected and made it cool and their roots to some extent, purified it.¹⁸

Thus while care and concern for the hygiene of the environment declined during this colonial period, personal hygiene did not.

Holistic Healing

The holistic nature of Yoruba healing fascinated countless foreigners and scholars; nonetheless this perspective was ingrained and quite normal to Yoruba citizens and to the healers, regardless of their religion. Holistic health and healing is defined as well being and medicine that is on the physical, psychological (mental and emotional) and the spiritual levels of the individual— usually simultaneously. The holistic aspects of Yoruba healing are considered separately in this text, for various reasons. Firstly, the physical, psychological, and spiritual aspects of this healing system were complex and intricate. Most importantly, both healers and patients operated with different degrees of commitment to the various aspects of healing. Thus, it is imperative that these distinctions be made. Such a separate view also will provide explanation on how it was that persons of various religions patronized and practiced this system.

Cross culturally, it is common to find that an individual's mental and emotional issues were considered when physical or spiritual health problems arose. Because of the

¹⁸ "Annual Reports of Medical and Health Departments," 1942, Ibadan Division, 1978, volume 1.

ambiguous and overlapping nature of psychological health concerns, this study does not analyze this area independently with great depth. Alternatively, the psychological dimensions are woven throughout this study. Another reason for integrating the psychological dimensions of health into this study is that various scholars relegated indigenous healing as only psychologically effective (the placebo effect).¹⁹ Such a suggestion is considered invalid and unacceptable here. Yoruba healers and patients certainly understood that many diseases were natural and had little if any psychological or spiritual component to them.²⁰

The physical aspects of Yoruba medicine were the baseline, the most mundane feature of this system that facilitated resiliency of these healing methods. Numerous healers declared during this period that “we are not ‘BABA-ALAWO’S’ but Native Herbalist Practitioners,” as the Ibadan Native Herbalist Co-Operative Society did in 1940.²¹ Increasingly between 1922-1955 the aim of many healers was to present themselves as being free from indigenous religious approaches to healing. At the same time, the first line of health defense for patients using home remedies was common for simple illnesses. Merely purchasing medicines from herbal markets or asking a healer for a concoction addressed these simple issues. A 1927 report on Otta stated, “A patient can approach a native doctor in two ways. Either he may give him a prescription to make

¹⁹ This is most often found in western medical literature, see authors such as Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity*, 1st American ed. (New York: Norton, 1998), for an example.

²⁰ Osunwole, Samuel. “Healing In Yoruba Traditional Belief Systems,” (Dissertation, Ibadan: University of Ibadan, 1989), 29.

²¹ “Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:” 1921-1931, Oyo Provincial Papers, volume 1, file 105.

up, or he may ask the native doctor to diagnose his complaint and treat him.”²² The ‘diagnosis’ in this case could mean a holistic assessment or plainly labeling the illness, in the latter case signifying that it was naturally caused. Healers ability to distinguish themselves as religiously neutral promoted their resiliency between 1922-1955.

Public Confidence

The diverse range of health assessments that the healer could give the patient, healers’ adaptability, and the efficacy of remedies were some of the reasons for the popularity of and social confidence in Yoruba healing. This was despite the growing number of western medical options available to patients during this period. Mid-century studies reflect that Yoruba people preferred indigenous healing to western medicine for various illnesses.²³ In 1945, the Secretary of the Western Provinces said that in Ijebu “most sufferers prefer to seek ‘native medicines’ and hide in the outlying villages.”²⁴ Still, toward the close of this period, The Nigerian Association of Medical Herbalists note that in 1954 a public radio debate held by the Lagos Minister of Health “in order to test opinion of the public...the Herbalists secured the highest vote 22 in favour and 2 against.”²⁵

Many scholars who sought to understand the social popularity of indigenous healing concentrated only on the shortcomings and repulsive dimensions of western

²² “Assessment Abeokuta Province; Report: Otta District,” 1927 CSO 26 20629.

²³ See: A. S. Jegede, “The Yoruba Cultural Construction of Health and Illness,” *Nordic Journal of African Studies* 11, no. 3 (2002); Z. A. Ademuwagun, “The Challenge of the Co-Existence of Orthodox and Traditional Medicine in Nigeria,” *East African medical journal* 53, no. 1 (1976). U. MacLean, “Leighton, Ah, Ta Lambo, Charles C. Hughes, Et Al. Psychiatric Disorder among the Yoruba: A Report from the Cornell-Aro Mental Health Research Project in the Western Region, Nigeria,” (1963); and George E. Simpson, *Yoruba Religion and Medicine in Ibadan* (Ibadan, Nigeria: Ibadan University Press, 1980).

²⁴ “Leprosy in Nigeria” 1941-56, Ijebu Provincial office 780 volume 2.

²⁵ “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

medicine. As if to say, ‘if only western medicine would address these issues, then people would stop patronizing indigenous medicine.’ Vaughan illustrates that in parts of East Africa, people remained most confident in their own systems because of invasive techniques like vaccinations and amputations, impersonal care, overly individualistic approaches, and socially destructive campaigns.²⁶ To this list other scholars also have commented that lack of access, limited technology in many impoverished locations and greater expenses were additional reasons people continue to use holistic healing methods. While all of these reasons were legitimate and significant, popularity was also the result of the structure of the Yoruba healing system.

The Structure of the Yoruba Healing System on Natural Terms

To grasp the structure of the Yoruba healing system between 1922 and 1955 one would want to know: What types of healers were there, what illnesses did people face, and what treatments did healers provide. The bias in this section is on the “natural” components, not the “supernatural” aspects. Nonetheless, the ability to completely distinguish the natural from the supernatural components is difficult. For example, while Mr. Adeboje, whose family did healings of physical and metaphysical origins, cleverly observed,

When you are asking God to help you solve problems, but the answer is not coming down right away. You send in somebody, the problem may be solved through me. What you call a problem, may not be a problem by my sight. You have a stomachache, instead of you going to one doctor to miscarry and say open your stomach [do an operation], I pray in the traditional way and it will go [away].²⁷

²⁶ Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity, 1991), 43-50.

²⁷ Personal interview of Olusegun Adeboje, August, 2001.

Types of Yoruba Healers

“You know we have different types of herbalist...[there were] specialist in gynecology... You see when you are saying traditional medicine we have brands, some go to mental healers...” Mr. Adeboje explained.²⁸

Table 4.a

Type of Yoruba Healer	Definition
<i>Onisegun</i>	‘The owner of medicine,’ ‘herbalist’ or ‘indigenous healer.’ This term was most often used for healers, regardless of their specialty or religion. However, <i>onisegun</i> was also the term for the priests of <i>Osayin</i> , the divinity of herbs.
<i>Adahunse</i>	A type of <i>Onisegun</i> who learned his/her skill on their own, without extensive formal training.
<i>Awon Leku-leja, Iyaloja, Babaloja, Oluta</i>	Pharmacists and market sellers. These were often women.
Obstetricians, Gynecologists & Midwives Sometimes known as: <i>Iya-Alagbo or Baba-Alagbo</i> ²⁹	These people were <i>Onisegun</i> specializing in obstetrics and/or gynecology, or people who helped with basic aspects of birth such as cutting the cord.
Bonesetters	A type of <i>Onisegun</i> who usually exclusively healed broken bones.
Psychiatrists	An <i>Onisegun</i> or <i>Babalawo</i> who specialized in the mentally ill patients.
<i>Olola</i>	Surgeon who usually did circumcision.
<i>Babalawo (or Iyanifa)</i>	Diviners that were priests of <i>Ifa</i> , the divinity of knowledge. These priests often had in-depth understanding of herbs and natural remedies.
<i>Olorisa</i>	Priest of any other <i>Orisa</i> (Yoruba divinities). They often kept shrines and divined, some also had knowledge of healing remedies.
<i>Afaa</i>	Mallams or Islamic priests/prayer leaders.
<i>Aladura</i>	A Yoruba spiritual healer from the Aladura Church, an independent Christian church.

30

²⁸ Ibid.

²⁹ Osunwole, “Healing In Yoruba Traditional Belief Systems,” 59.

³⁰ Table 4.a, adapted from Oyebola, "Traditional Medicine and Its Practitioners among the Yoruba of Nigeria: A Classification."

Oyebola's classification of Yoruba healers discusses eleven categories and subcategories of healers that are used as the main reference for table 4.a.³¹ These healers were all evidently in operation during the between 1922 and 1955. The table does delineate the healers by non-religious and religiously oriented practitioners as much as possible. Nevertheless, the table is not completely in order of importance, especially since the *Onisegun* and the *Babalawo* were the most documented of the various types of healers described here. This table 4.a reflects the fact that while some healers were general practitioners other healers were specialists.

During this period, the difference between indigenous 'doctors' and priests was noted in colonial reports as well as healers associations' correspondences. Healers distinguished themselves as "native doctors"/*Oniseguns* or "priests"/*Babalawos*. The colonial authorities recognized and respected the difference between the two as demonstrated by a 1927 Assessment Report on Otta in which accounted for over 40 occupations. Most of the 7,985 people listed in the report were farmers and food sellers, however seven were designated as "fetish priests" and five were listed as "native doctors."³² It is not likely the colonial administrators fully understood that some "native doctors" were actually *babalawos*, on the other hand reputable *babalawos* would not declare themselves as 'native doctors' unless they had a specialty, which included

³¹ Oyebola, "Traditional Medicine and Its Practitioners among the Yoruba of Nigeria: A Classification." For purposes of this dissertation, the strongly religiously oriented healers will be discussed further in the next chapter.

³² "Assessment Abeokuta Province; Report: Otta District," 1927 CSO 26 20629 and similar references are made in "Intelligence Report on Ado District, Ekiti Division Ondo Province" 1935 CSO 26 29734.

making medicines for natural illnesses.³³ It should also be noted that the two terms were normally not interchangeable, because *Babalawos* did not call themselves *Oniseguns* and vice versa.

The fact is that many healers were farmers or hunters regardless of their religion. The farmers had knowledge of how to grow their own herbs, while the hunters had an eye for the wild medicinal sources.³⁴ Almost every one of the oral history interviewees had parents who were farmers or hunters. The relationship of healing knowledge and hunting dominates the historical record. The obvious conclusion may be to assume that more *onisegun* were hunters as opposed to farmers, however, this assessment is oversimplified. What becomes more apparent is that the array of reasons for which the hunters sought to use medicine was more fascinating, and thus determined to be more worthy of documentation. Additionally, compared to farmers the hunters encountered a broader assortment of healing resources, such as wild plants, animals and minerals that would support a greater diversity of remedies. The former point is emphasized in a 1930s colonial report stated:

Certain hunters are reputed to have great knowledge of medicines and magic and they are consulted. Medicines are prepared with a reputation for making the hunters invisible as a protection against attack and also to enable easy approach to the animals. There are special medicines which must be obtained before the elephant, lion, leopard, etc. can be hunted.³⁵ [Yes, these animals did exist in this region.]

It may be inferred that healing specialties had a long-standing pre-colonial history when considering the range of occupations Yoruba engaged in for centuries, as well as

³³ Wande Abimbola, *Ifá: An Exposition of Ifá Literary Corpus* (Ibadan: Oxford University Press Nigeria, 1976) discusses the various types of *Babalawo*.

³⁴ Anthony D. Buckley, *Yoruba Medicine* (Oxford New York: Clarendon Press/Oxford University Press, 1985), 2.

³⁵ "Notes on Customs & Superstition of Indigenous Institutions" CSO 26 6076.

the multitude of expertise that Yoruba priest (both *Babalawo* and *Olorisa*) exercised. Certain specialties were much more common than others in the 1922-1955 period. The area of expertise that was infrequently found in Yorubaland during this period was that of the bonesetters and surgeons who preformed more than circumcision.³⁶ *Oniseguns* as herbalists were the most widespread of the various types of healers.



Photo of an Ibadan, Nigeria healing market woman chopping herbs. Photo taken by the author, April, 2008. Figure 4.2.

The market sellers, usually women, have not been properly recorded in the historical record as an important source of healing guidance. Typical aspects of patriarchy of both European and Yoruba societies explain the dearth of missionary, colonial and early academic writings on female healers. However, post independence scholars noted the contributions of market sellers/pharmacists to Yoruba healing.

³⁶ On bonesetters see: Oyebola, "Yoruba Traditional Bonesetters: The Practice of Orthopaedics in a Primitive Setting in Nigeria," and a comment on the infrequency of bonesetters in Peter Dopamu, "The Practice of Magic and Medicine in Yoruba Traditional Religion" (Dissertation, University of Ibadan, 1977), 446. Isaac O. Delano, *The Soul of Nigeria* (London: Werner, 1937), 83-87 discusses an experience with a native surgeon, which he never heard of before. This author did not find archival evidence for these types healers.

Nevertheless, very few scholars profiled these female healers. Buckley explains that women were the principle ones involved in the “sale of medicinal ingredients [and]...Since these women were intimately familiar with the plants and animals they handled, they undoubtedly did know much about medicine”.³⁷

The Yeye of Lagos notes that she sells prepackaged medicines similar to how her grandmother did. For example, her grandmother sold soaps, powders, roots, as well as medicines for love, to prevent fights, to help with one’s career. The Yeye’s grandmother “had many things in her store...she would have people selling for her.”³⁸ Maclean is an exception to the standard of excluding market women as healers in the writings just after this period. In giving an elaborate description of the popularity of and the variety within these markets, she notes “Men...often have to acquire the basic ingredients from the market-women.”³⁹ In fact, male and female healers collaborated to some degree. Mrs. Oyebisi revealed that some women were “in their husbands houses selling herbs.”⁴⁰ Additionally, women knew what to prescribe, thus Oyebola’s term “pharmacists,” yet in many instances offered their own prescriptions as opposed to simply fulfilling the prescriptions from male healers.

The domain of female and adolescent healthcare was an area practiced by both male and female healers. Dopamu explains the reasons why such a specialty would be so prevalent among the Yoruba.

The desire to have children dominates the whole outlook of the Yoruba. To them, celibacy is an abomination, and anybody that refuses to get married while he is under

³⁷ Buckley, *Yoruba Medicine*, 3.

³⁸ Personal interview of Ifafunke Olagbaju/Yeye of Lagos, April, 2008.

³⁹ Una Maclean, *Magical Medicine: A Nigerian Case-Study* (London: Allen Lane, 1971), 70.

⁴⁰ Personal interview of Mulili Atu Oyebisi (Iyaloja), April, 2008.

normal conditions to do so, is regarded as committing a major offence in the eyes of society. In actual fact, the Yoruba regard marriage as a sacred duty which every normal person must perform. They regard marriage and childbearing as the focus of life itself. . . . Moreover, inability to procreate is regarded as a catastrophe and a major failure of marriage.⁴¹

Descriptions and investigations of local obstetricians, gynecologists, midwives and pediatricians are rare in archival records.⁴² The evidence once again, is more so supported by most of the oral histories. For instance, *Iyalorisa* (priestess) Edun Osawemimo stated, “The case of women who usually urinate uncontrollably in public and also bedwet [was a case] in which I knew that my mother usually heal people of such a problem.”⁴³

In 1952, Chief S.O. Oloye, an herbalist, sent a detailed letter petitioning the government for compensation because he made a citizen’s arrest of a “mad man for the welfare of the town”. He notes that after disturbing people in Oshodi, the “mad man” came to Agege (in Lagos) and harassed and stole from market women, attempted to murder some European children riding in a car, and then vandalized a house. “When I saw this mad man, I called him at once with charms, then I asked him to stretch his hands and feet and he was thereby chained.” While waiting for colonial resolution the healer spent his own money and efforts “feeding him and [I, the healer] started reducing his power by means of medicine.”⁴⁴

This interesting scenario exemplifies that this healer specialized in indigenous psychology. The colonial environments with increased transportation and impersonal

⁴¹ Dopamu, “The Practice of Magic and Medicine in Yoruba Traditional Religion,” 452.

⁴² “Assessment Abeokuta Province; Report: Otta District,” 1927 CSO 26 20629, discusses cultural dimensions of women having children and that herbal remedies are use during this process.

⁴³ Personal interview of Edun Ogundeji Osawemimo, April, 2008. It was noted earlier in the chapter that her mother was a traditional gynecologist.

⁴⁴ “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

urbanization contributed to adverse impacts of the mentally ill upon society. Thus this area of healing became increasingly valuable. Furthermore, indigenous methods of restraint and care are illustrated here. The healer demonstrated aspects of holistic healing that were ideal of healers, such as concern for communal safety. Nonetheless, the request for monetary compensation was indicative of the time, in that it was not uncommon for healers to work without expectation of monetary payment in pre-colonial and in earlier portions of this colonial period.

Training of Yoruba Healers

Most healers obtained their training from one or both of their parents. This fact was expressed by some correspondence to the colonial government.⁴⁵ Various female oral history interviewees noted training came from their mothers, grandmothers and/or their aunts who were also healers. Mrs. Oyebisi, the head of an Ibadan healing market, stated, “I learned it [herb selling and healing] from my aunt. Yes, she was the one because we don’t differentiate the two—when one is trained to become an herb seller, one would always be taught how to do healing from the herbs, and this is how I was taught.”⁴⁶ Chief Aragberin declared, “I was born into traditional healing because it was the occupation of my father. This is why I have chosen to be a traditional healer.”⁴⁷ Likewise, Chief Olojede stated “I was born into the family [of Yoruba healers] and I grew up in the practice, immediately after my father died I took over the job. My father taught me...He was 74 years old when he died.”⁴⁸

⁴⁵ “Homeopathic Practitioners” & “Native Drs. and Herbalist Matters Affecting,” Ilesha Division 1/1 2349.

⁴⁶ Personal interview of Mulili Atu Oyebisi (Iyaloja), April, 2008.

⁴⁷ Personal interview of Chief Aragberin Edun Adebisi Omoyebi, April, 2008.

⁴⁸ Personal interview of Chief Fatai Olojede, April, 2008.

At the same time that healers cited a parent as their teacher, numerous healers apprenticed with another master as well, as was the experience of Chief Elebuibon who studied with family and non-relatives.⁴⁹ There also were the rare cases in this period in which healers would become an apprentice although no person in their family had an indigenous medicine background, although apprenticing increased post-independence. Finally, as the definition of the *Adahunse* states, there were healers who acquired knowledge through personal revelation, be that revelation practical/experiential or divine inspiration.

Mr. Adeboje reveals that whether a person was trained from a parent or via non-related apprenticeship, in this period healers made “covenants” or contracts with their trainers to guide the way they approached their healing work.

If you want it [the medicine] to work, there should be a covenant. Even my father, before they can release [a trainee] there had to be covenant, [with] everyone, there should be agreement... Without that covenant, I don't think you will get anything [any success]. When my father was growing old. [He said] ‘Have you written this? Come and tell me how far [much]?’ If you do the incantation correct, he would say ‘You have mastered that... I have given you this, under my seal and in good faith. And you should not use it to the detriment of others.’ That is the covenant. [His father mandated] ‘You should not take any money on this thing [healing practices].’ The other way around, another man would say, ‘if you want to do this thing, you want to apply it? I have taken a goat from you. Anybody you are going to apply it to, you must take a goat [from too].’⁵⁰

Keeping secrets was an important part of practicing Yoruba healing. A circa 1930 report explained,

There are certain persons who practise [sic] medicine to whom people resort in emergency. These [people] undoubtedly have a knowledge of herbal and other remedies, but they keep their art a profound secret and as a rule such knowledge as they have acquired dies with them, and much which might be valuable is lost. Very occasionally

⁴⁹ Personal interview of Chief Ifayemi Elebuibon, August, 2007.

⁵⁰ Personal interview of Olusegun Adeboje, August, 2001.

one of these will impart his secret to a favorite son or daughter, but such an occurrence is exceptional.⁵¹

Illness in Yorubaland

During this colonial period, natural illnesses that colonialist and missionaries were concerned with were not the same as what Yoruba healers often focused on. There were multiple reasons for this, such as western medical workers entering the region with an agenda based on stereotypes of “African diseases,” that over-generalized and incorrectly constructed illness in this region. Furthermore, many western medical practitioners had self-centered interests and couldn’t fully distinguish what the Yoruba considered health priorities versus, what diseases they were taught to address because these issues affected Europeans worse than they did Africans (i.e., yellow fever and malaria). Dr. Hilary Mayes working in Ekiti, wrote in 1940:

I had previously pictured the people, sad, wretched, riddled with disease, flocking to receive the healing ministrations of the European doctor. In actual fact...the majority of people who attended our little hospital appeared to me remarkably robust and cheerful, their only complaint being stomach ache for which one and all demanded worm treatment. I had yet to learn that the African, at least in the district in which I was working, regards illness as a disgrace.⁵²

Though various scholars discuss the causes and types of illnesses that healers addressed in Yorubaland, Osunwole provides the most concise overview. A multitude of Yoruba terms describing the degrees of sickness an individual may have yields insight into Yoruba view of illness. Yoruba concepts of illness included: *Aisan* or not well; *Okunrun* or serious or chronic/long-term illness; *Amodi* or sick for long time; *Ailera* or

⁵¹ “Notes on Customs & Superstition of Indigenous Institutions” CSO 26 6076. The concept of secrets will be discussed in-depth in chapter 6.

⁵² Mayes. “Pioneering in the Yoruba Country.” *The Way of Healing*. London, 1940. Church Missionary Society Archive, Section 3, Central Manuscript Records (England: Adam Matthew Publications, 1996-). University of Pennsylvania microfilm reels 55-62.

unwholesome or weak body; *Ara-Lile* or body of wellness; *Oriburuku* or misfortune.⁵³

These degrees were critical in determining source of illness and need for care among the Yoruba. For instance, the difference between a natural or supernaturally caused illness may have been declared because of scale. ‘Not well’ would likely be natural; ‘misfortune’ would likely be supernatural. A colonial report written c. 1930 on Yoruba customs stated:

The views held generally as to the cause of sickness are straightforward; sickness is regarded as being due to natural causes, or the machinations of some enemy or evil disposed person and as being capable of being cured by natural medicines if only these were known; even a hernia comes into this category and it is no uncommon thing for a Medical Officer to be asked for a medicine, rather than a knife, for it’s cure.⁵⁴

Diseases that had a natural cause had various root causes, such as bad food/drink, overindulgence, overwork, impure blood, internal worms, weather, heredity, and fluid or airborne contagion.⁵⁵ The 1931 Census of Nigeria for Abeokuta, one of the larger Yoruba cities, noted that less than two percent of the population suffered from the following illnesses: infectious diseases, vision, hearing, digestion, skin, bones and joint, deformities, circulatory, respiratory, urinary, those of infancy, and of the elderly.⁵⁶

Yoruba healing was used to heal a variety of health problems. “We use traditional healing for curing sick people, those that have a stroke, those that have supernatural problems and those who are barren.”⁵⁷ With this statement, Chief Odua not only made the point that Yoruba healing addressed both biological and physical illnesses,

⁵³ Osunwole, “Healing In Yoruba Traditional Belief Systems,” 68. These terms vary in different Yoruba regions, and may not be the standard or commonly used terms for these degrees of affliction.

⁵⁴ “Notes on Customs & Superstition of Indigenous Institutions” CSO 26 6076.

⁵⁵ Osunwole, “Healing In Yoruba Traditional Belief Systems,” 72-73, in addition to other scholars. These references are verified for this period by various missionary documents that briefly mention many of these assessments.

⁵⁶ “Census of Nigeria 1931 Volumes II”, Crown Agents for the Colonies: London, 1933.

⁵⁷ Personal interview of Chief Erelu (Onisegun Awo) Odua, April, 2008.

but also these health problems were some of the most popular issues Yoruba healers remedied. Some healers of this colonial period had experiences similar to Chief Olojede's first job.

There was a woman with an acute pile [hemorrhoids] who was brought to me, whose pile needed to be cut, it was a serious case. But, I advised them not to cut it off, that I could prepare herbs that could heal her of this problem. So, I prepared herbs for this woman and this woman was healed of this acute pile.⁵⁸

Yoruba healers adapted to the health changes this colonial period brought.

Scholars have speculated that selected afflictions became present or more widespread in Yorubaland during colonialism (i.e., gonorrhea). Although this idea has been debated, healers were drawn to seek resolutions to issues that did not seem native to the area. An example is the lack of distinctions healers made between asthma and tuberculosis.⁵⁹ Various studies indicate that reproductive health medicines were a large, if not major, portion of Yoruba healing encyclopedias.⁶⁰ Many of these issues were ones that both healers and clients believed western medicine could not resolve. Chief Aragberin stated, "There was one woman who had been pregnant for three years, whom was brought to me and I healed her."⁶¹ The health crisis of an extremely prolonged pregnancy with an eventual successful birth with the aid of a healer was one commonly known issue that the healing specialist resolved. This type of issue was likely prone to be considered an implausible situation to a western medical practitioner. Though missionaries and

⁵⁸ Personal interview of Chief Fatai Olojede, April, 2008.

⁵⁹ Dopamu, "The Practice of Magic and Medicine in Yoruba Traditional Religion," 429.

⁶⁰ Later sections of this chapter will highlight the diversity of medicines related to women's reproductive health problems.

⁶¹ Personal interview of Chief Aragberin Edun Adebisi Omoyebi, April, 2008.

colonialists had ulterior motives in emphasizing the importance of female health, and they often painted indigenous medicine as destructive and useless for reproductive issues.

Mental health, on the other hand, was acknowledged as an area of indigenous healing that had a greater degree of respect, albeit not extensive, from foreign observers and commentators during this period. Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* points out that chains and shackles used among the Yoruba to restrain the insane are evidence of certain pre-colonial methods of containment.⁶² Additionally, research by Raymond Prince and T.A. Lambo reflected areas of efficacy Yoruba healers had in the treatment of the mentally ill, such as tested herbs (e.g. rauwolfia) and culturally appropriate social methodology for mental illness treatment (e.g. indigenous half-way houses).

A modern trend by outsiders has been to designate indigenous healing as psychologically satisfying and fulfilling although not concretely effective. While the amount of medicines to resolve patients' social ills, i.e., prosperity and love, were abundant in this period, healers clearly differentiated these issues from that of the mentally ill. Thus, it would be incorrect to presume that that mentally soothing medicine was also understood as treatment of the mentally insane, though these areas have some overlap. Sadowsky for instance, deduces from the archival records of this period that insanity increased during colonization.⁶³ Likewise, peoples' dissatisfaction with social circumstances multiplied during this period.

⁶² J. H. Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (University of California Press, 1999), 16.

⁶³ Ibid, 99.

An example of a disease that concerned the Yoruba in the 1922-1955 period is smallpox. Nonetheless, the pre-colonial activities that smallpox experts undertook to naturally address that illness in Yorubaland demonstrated a keen knowledge of how to control the disease. For instance, the long-standing practices of inoculation, sanitation and quarantines preceded colonization. In a missionary letter c. 1945 the author illustrates just how perceptive the Yoruba were about this disease. In this case a man found on the street was brought to the hospital with no apparent signs of what his illness was, but:

The natives have also an extraordinary sense of smell...none of the native nurses were willing to approach him. The doctor asked one who was standing near: 'Please, ma, this man has smallpox', she replied. 'How do you know, nurse?' 'Please, ma, he smells of a smallpox' was the reply, and the next day the spots started to appear.⁶⁴

Methods of Healing

Yoruba healers offered their clients an extremely wide array of healing methods and remedies. The *natural* physical methods of healing included "incision...and herbal soups,"⁶⁵ topical applications, ingested medicines, verbal affirmations and dance therapies. To create the commonly used topical and ingested medicines healers made medicines via drying, pounding, burning, boiling, cold liquid infusions, food additions, soaps and ointments. In commenting on the continuance of approach between today's healers with those of the 1922-1955 period, Chief Olojede notes: "whatever herb that needs to be burnt must be burnt, and whichever needs to be cooked must be cooked, and so many more—these are the similarities [with the previous generation]."⁶⁶

⁶⁴ "Correspondence" CMS Archive, Medical Department M/Y A2 1918-1949.

⁶⁵ Personal interview of Chief Aragberin Edun Adebisi Omoyebi, April, 2008.

⁶⁶ Personal interview of Chief Fatai Olojede, April, 2008.

Globally, there were both advantages and disadvantages to indigenous healing.⁶⁷ The advantages were often the opposite of what was discussed as the shortcomings to western medicine. For example, Sofowora observes indigenous medicine was affordable, accessible, culturally relevant, accepted, and time efficient. Furthermore, he details that there were readily available support resources—namely the locally derived medicines including herbs, minerals, animals, etc., as well as less likelihood of side effects and resistance to chemicals. The disadvantages of indigenous medicine were a lack of scientifically tested evidence, imprecise dosages, unhygienic, the immeasurability of spiritual aspects, and the overemphasis on evil as a source of affliction.⁶⁸

On the issue of scientific testing, from the mid-1930s Yoruba healers increasingly urged the government to test their products. They realized affirmative test results would legitimize their businesses in the eyes of some, potentially increase clientele and possibly provide protection against police, courts and even some indigenous rulers, who, on rare occasion took issue with Yoruba healers. Government correspondence reflects that the resistance to these requests declined steadily toward the close of this colonial period, especially once the University of Ibadan opened in 1948 and even more so with the excitement of the teaching hospital opening in 1956. The government then hoped the University would tackle the effort of studying local healing methods, which, to some extent, it did.

⁶⁷ Abayomi Sofowora, *Medicinal Plants and Traditional Medicine in Africa* (Chichester: Wiley, 1982), 100-108.

⁶⁸ Ibid.

Imprecise dosages were commented on in the archival records. In 1954, D.A. Nnaji in a House of Representatives debate stated,

What is required is purification and modernization of the administration of African drugs to people. What worries the African today is the administration of his own drugs to cure certain diseases, i.e., what quantity to use...they [the healers] can only fill a cup and tell you to drink. That is only where they are wrong.⁶⁹

Mrs. Osawemimo stated “then my father did not have a specific measurements for medicines, he usually used his hand to measure the herbs.”⁷⁰

A memo from the Osogbo Assistant District Officer in 1927 spoke of a case in which a medical officer accused a “native doctor” of poisoning a patient by an ‘irritant drug,’ for which the patient then came to the hospital and died. However, the “deceased’s wife bears no ill-will against the native doctor and indeed denies he treated her husband as does the native doctor himself.” The “accused admitted” giving the deceased “*akpata*” mixed with potash and gin, and said that he’s given it to many patients. The officer interviewed four other healers who said that the herb was a common remedy, but “too much potash would cause harm.” The “head native doctor” said he does not use potash for this reason. Since it was only the western medical doctor accusing the healer, the healer was cooperative and had communal support, ultimately, the officer ruled that there was no criminal intent.⁷¹

As discussed earlier unhygienic environments were problematic in this colonial period. The uncleanly atmosphere at this time caused numerous health issues and facilitated epidemics. Though healers were aware of the importance of personal hygiene,

⁶⁹ “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

⁷⁰ Personal interview of Edun Ogundeji Osawemimo, April, 2008.

⁷¹ “Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:” 1921-1931, Oyo Provincial Papers, volume 1, file 105.

the sanitation of the surroundings was less of a concern. Chief Olojede stated, “There are differences [from his father’s days], like the environment then used to be dirty, but now everywhere is clean, because wherever you want to do healing should always be hygienic; and must be separated from where people sleep.”⁷²

Most scholars of Yoruba medicine, including Odumosu from the 19th c. list recipes for healing. However, it was well documented, between 1922 and 1955 that many published works typically leave out a vital ingredient or preparatory step, thus any recipes published should be approached as examples for informing and for analysis, not necessarily as practically instructive. This is because when healers transferred their knowledge to any person who had not demonstrated decades long commitment through apprenticeship usually via a blood relative, they used secrecy as a protective means to not inform the inquisitor that there is a missing element.

There were several categories and over a hundred subcategories of medicines that healers used, which illustrate the voluminous encyclopedia of thousands of healing ways available to Yoruba people between 1922 and 1955. Odumosu of the 19th c. spectacularly lists over 5,000 medicinal recipes both natural and spiritually oriented.⁷³ Table 4.b is a sample of medicinal categories for health concerns of the 1922-1955 period.

⁷² Personal interview of Chief Fatai Olojede, April, 2008.

⁷³ Toyin Falola, *Yoruba Gurus: Indigenous Production of Knowledge in Africa* (Trenton, NJ: Africa World Press, 1999), 20.

Table 4.b⁷⁴

Yoruba Medicinal Categories	English Translation
<i>Abiku</i>	Medicine for stopping miscarriage and infant death.
<i>Afato</i>	Medicine that purifies and preserves semen
<i>Agbodewe</i>	Medicine to make the old look young permanently
<i>Aporo Ejo</i>	Antidote to snake poison
<i>Oogun Ara Jijono</i>	Medicine for a burnt body
<i>Oogun Ara Gbigbe</i>	Medicine for anemia
<i>Aremo</i>	Medicine to bring strength to have healthy children
<i>Oogun Aron</i>	Medicine for intestinal worms
<i>Oogun Arunkanrun</i>	Medicine for all diseases
<i>Oogun Atosi</i>	Medicine for gonorrhea
<i>Oogun Aya didun</i>	Medicine to cure chest pain
<i>Oogun Baaloo</i>	Medicine for healing abscesses
<i>Oogun Efori</i>	Medicine for headache
<i>Oogun kegun sise</i>	Medicine for fractures
<i>Oogun Ero</i>	Medicine to calm a person
<i>Oogun Ete</i>	Medicine for leprosy
<i>Oogun Eti</i>	Medicine for earache
<i>Oogun Giri</i>	Medicine convulsions
<i>Oogun Iba ponju-oonju</i>	Medicine yellow fever
<i>Oogun igbegburu</i>	Medicine for diarrhea
<i>Oogun Iko</i>	Medicine for cough
<i>Oogun ileegbono</i>	Medicine for smallpox
<i>Oogun ipa</i>	Medicine for tetanus
<i>Oogun Jedijedi</i>	Medicine for “piles” or hemorrhoids
<i>Oogun Ogbe</i>	Medicine for knife wounds
<i>Oogun Lakuegbe</i>	Medicine for rheumatism
<i>Oogun Ogbodo</i>	Medicine for yaws
<i>Oogun Warapa</i>	Medicine for epilepsy
<i>Oogun Were</i>	Medicine to cure madness

Dopamu listed 110 naturally oriented medicinal categories, with the knowledge that these categories contain several, if not, dozens of various medicines within these categories.

⁷⁴ Mostly taken from Dopamu, “The Practice of Magic and Medicine in Yoruba Traditional Religion,” 691-701, with additions and some cross-references from Verger, *Ewe: The Use of Plants in Yoruba Society* 96-265.

His purpose in detailing Yoruba medicines was dual, in that he was illustrating various types of illnesses among the Yoruba, in addition to names for the medicines. *Oogun* meaning ‘medicine’ commonly preceded the name of the illness, as a label for the specific remedy. Additionally, Pierre Verger who began his education on Yoruba medicine in 1953 published 218 medicinal recipes strictly as “*Oogun*, remedies for healing the body,” and this did not include the 30 plus recipes he lists for “*Ibimo* remedies relating to pregnancy and birth,” his *ibimo* remedies section is both natural and supernatural.⁷⁵

It is imperative to briefly discuss medicinal ingredients when considering methods of healing in Yorubaland. Those healers at this time who sought to remove themselves from indigenous religion concentrated on the herbal dimensions of the healing recipes. This strategy can be easily understood as an innovation, when one examines the medicinal formulas almost every single recipe demanded herbs, often as a central component. While herbs dominated the overall Yoruba medicinal recipe encyclopedias, animal, mineral and food substances, as well as chants were critical to certain formulas. A 1927 colonial report noted that “nearly every kind of vegetation is used for making medicines,” listing materials such as, ‘cucumbers like creepers,’ palm oil, banana tree sap, shea butter, bitter orange juice, potash and melon seeds.⁷⁶

Here’s an example of a recipe for the common ailment of a stomachache. This includes the plants’ species, family, common and local names.

⁷⁵ Pierre Verger, *Ewe: The Use of Plants in Yoruba Society* (Sao Paulo: Odebrecht/Editora Schwarcz, 1995), “Index”.

⁷⁶ “Assessment Abeokuta Province; Report: Otta District,” 1927 CSO 26 20629, the author also lists some recipes, but they are likely incomplete.

“Leaf of Ricinodendron Heudeloth, Euphorbiaceae
[African wood oil-nut tree, *Erinmado*, *Omodon*]
Leaf of Pleioceras Barteri, Apocynaceae
[Pleioceras, *Abeji*, *pari-omode*, *dagba*]
Xylopia Aethiopica, Annonaceae
[Ehtopian pepper, *Eeru*, *erunje*, *iru*]
Tetrapleura Tetraptera, Leguminosae Mimosoideae
[Aridan, *Aridan*, *Aidan*]
Boil in water, recite the incantation. Drink every morning.
‘*Ajabgo*, cure the stomachache
Ologbokiyan, carry the stomachache elsewhere
Eeru, take the stomachache away
Aidan, do not let it disturb me.’”⁷⁷

When cross-referenced with modern Nigerian academic herbal literature, these herbs were referenced as effective for digestive issues and/or general pain relief. Many published Yoruba recipe components are now being found as effective. What also is demonstrated by this formula is the ease with which a healer or patient of any religion could use the remedy. The ‘chants’ cited are in reference to the plants, not a supernatural or spiritual entity. To verbalize, instruct and or reinforce one’s desires of the plants’ effects was the concept of word power (*ase*) or positive affirmations.

Yoruba healing methods consisted not only of medicines but also of various antidotes. Additionally, even the timing of life and death was addressed through Yoruba healing, and some lives and deaths required antidotes for the life process to proceed. Mr. Adeboje recounts that in the 1950s:

There was a man brought to me in the night, and they wake me up...[this was] the last place he went was to die, I was the one who released him...He could not die because he had made so many preparations [medicines] during his lifetime, and to let him go he must make an antidote. When he made the remedy he knew the antidote—before you make any remedy you should ask for the antidote...As I was preparing the antidote...he said I

⁷⁷ Verger, *Ewe: The Use of Plants in Yoruba Society*, 187; parenthesis names are from Tolu Odugbemi, *Outlines and Pictures of Medicinal Plants from Nigeria* (Lagos: University of Lagos Press, 2006).

should be looking at the man, that he will not want to die on Saturday...because it is a taboo.⁷⁸

Here, Mr. Adeboje ensured that his patient died on the culturally correct day. In this case, he also learned an antidote for a long-life medicine.

Finally, it should be acknowledged that access to herbs transformed during the colonial period—in two directions: less access and greater access. Because of corporate mono-cropping and sprawl, access to certain plants decreased, especially those that could only be obtained wildly, but also those from farmlands. Chief Aragberin noted “the farm from which my father generated herbs then was nearby, but now those places have been turned to houses, so we need to go to a very far place to source for herbs.”⁷⁹ On the other hand, increasingly during this period, there was greater exchange of international ideas, and thus by the 1950s healers were occasionally integrating foreign herbs into their repertoire. Additionally, they were using indigenous herbs in ways foreigners used them, but local people historically had not.⁸⁰

Conclusion

This chapter examined the state of Yoruba healing between 1922-1955. Yoruba healers view is justified that their system was “traditional” given its multigenerational and local knowledge. At the same time, the Yoruba healing system was part of a global network of indigenous healing systems because of the holistic perspectives that helped to define Yoruba healing. Yoruba people were loyal to Yoruba healing, despite some of the disadvantages of the system such as healers giving imprecise dosages. Additionally,

⁷⁸ Personal interview of Olusegun Adeboje, August, 2001.

⁷⁹ Personal interview of Chief Aragberin Edun Adebisi Omoyebi, April, 2008.

⁸⁰ These facts are taught at the University of Ibadan, learned via the personal interview with Bukola Ajisafe, April, 2008 though it has not been well documented.

many Yoruba used preventive strategies, such as personal hygiene and herbal remedies to address natural illnesses.

The natural and physical components of the Yoruba healing system were a focus of this chapter. What was demonstrated here is that Yoruba healing in this colonial period consisted of a wide variety in the type of healers, and that Yoruba healing addressed health issues that were biological. In the healing of biological issues healers relied on herbs and other natural substances, in addition to psychology to create remedies. Certain remedies for physical wellness, at times had metaphysical components, for instance *Agbodewe* was ‘a medicine to make the old look young permanently.’ Nevertheless, the supernatural components of Yoruba healing are investigated in the next chapter in order to determine how the religious changes of this period did and did not affect Yoruba healing.

Chapter Five

Yoruba Spiritual Healing: Religion

Outsiders usually equated the spiritual dimensions of Yoruba healing with Yoruba religion. However, increasingly during the 1922-1955 period there were clearer distinctions between Yoruba medicine and Yoruba religion. For the purposes of understanding the spiritual aspects of Yoruba healing and the ways religion and healing impacted each other, this chapter examines the following: Yoruba religion circa 1922; spirituality and healing in Yorubaland; components of Yoruba religion relative to healing; and the divinities that relate to Yoruba healing, e.g. *Ifa*, *Osayin*, *Saponna*, *Osun*, *Obatala*, *Ogun*, *Yemoja*, and *Sango*. Furthermore, Islam and Christianity's relationship to Yoruba healing is analyzed here. In this chapter it becomes apparent that the flexibility of Yoruba healing as useful on spiritual levels despite the religion of the practitioner or patient, was another reason for the resiliency of Yoruba healing between 1922 and 1955.

Yoruba Religion Circa 1922

Ife was known as the original kingdom of the Yoruba people, because *Oduduwa* settled there. *Oduduwa* was the original ancestor and first king of the Yoruba people. Descendants of *Oduduwa* were noted as the identifying marker of a 'Yoruba' person, at times more so than speaking a dialect of the Yoruba language. Certain Nigerian Yoruba groups did not claim *Oduduwa*, yet many Dahomeans claimed to have descended from *Oduduwa*. The Yoruba nationalist leader Obafemi Awolowo championed the relationship to *Oduduwa* as the definition of 'Yoruba' c. 1948 and created an international recognition

of this ideology although it was common among the Yoruba beforehand. *Oduduwa* was regarded as the Yoruba's progenitor among most local kingdoms.

The significance of *Oduduwa* as the symbolic representative of the Yoruba is that it demonstrates how deeply Yoruba kingdoms and societies were anchored in indigenous religion(s). Modupe Opeola's alternative theory to describe Yoruba origins asserts that it was actually "*odu*" that unites the Yoruba people.¹ Additionally, he notes that *odu* and *Oduduwa* were "one and the same."² There is additional evidence to support this theory because *Oduduwa* translated as 'Odu exists.' The *odu* were the consistently evolving chapters within the *Ifa* corpus.³ The *odu* were known as the Yoruba's cultural, philosophical, and historical archives. The existence of *odu* may be the revolution that *Oduduwa* as a historical character represents. *Oduduwa* was the description of the establishment of a new dynasty c. 1000 C.E., in which the *Ifa* corpus guided the Yoruba kingdoms. This concept exemplifies how intricately woven Yoruba religion and secular life were, including connections between Yoruba healing and religion.

During this colonial period both Christians and colonialists sought to remove many Yoruba religious/spiritual connotations from the Yoruba culture, e.g. stories of origin. Samuel Johnson inscribed the legacy of *Oduduwa*, without reference to *odu* in his legendary text *The History of the Yorubas from the Earliest Times to the Beginning of the*

¹ S.M. Opeola, "*Odu: A Repository of the Secret of Orisa Tradition*," (Ile-Ife: Kabbalah Center, 2001), and Opeola, "'Relevance of Ifa Literary Corpus to the 21st Century Yoruba Studies,'" (Ile-Ife: 2001).

² Opeola, "Relevance of Ifa Literary Corpus," 3.

³ Wande Abimbola, *Ifá: An Exposition of Ifá Literary Corpus* (Ibadan: Oxford University Press Nigeria, 1976).

British Protectorate first published in 1921.⁴ Although numerous scholars have elaborated on the ‘sacred’ position of Yoruba kings, Johnson’s depiction of *Oduduwa* was similar to many healers’ dichotomy of Yoruba religion and Yoruba healing. A colonial report c. 1930 notes,

There were at one time a set of medicine men specially licensed by the king; they were remarkable for their skill in...secret poisons which were at the kings service when required, but failure to produce fatal effect meant death to themselves. The knowledge of poisons is still considerable.⁵

The king’s “medicine men” were priest of *Ifa*.

The *Ifa* corpus was a common feature in Yorubaland, regardless of whether the kingdom paid allegiance to ‘*Oduduwa*’ and despite the worship of any other *orisa* (divinity). The CMS missionaries encountered *babalawos* in every part of Yorubaland prior to colonial rule. They found that there was a unity between religion, society and government. The king or *oba* as the custodian of local divinities, made offerings on behalf of the public at shrines because these were the places “where the presence of a spirit is more eminent.”⁶ Ancestor and divinity spirits then blessed towns with peace, food, children, etc. Communal festivals, for instance had multiple purposes including purifying the town so citizens would have good health and long life.⁷ In the colonial 1922-1955 period festivals lasted for days, weeks, and even months. During festivals

⁴ Samuel Johnson, *The History of the Yorubas from the Earliest Times to the Beginning of the British Protectorate* (Lagos: C.M.S. (Nigeria) Bookshops, (1921) Reprinted in 1956).

⁵ “Notes on Customs & Superstition of Indigenous Institutions” CSO 26 6076.

⁶ Ninian Smart, *The World's Religions* (Cambridge, New York: Cambridge University Press, 1998), 361 defines shrines in general.

⁷ Andrew H. Apter, *Black Critics & Kings: The Hermeneutics of Power in Yoruba Society* (Chicago: University of Chicago Press, 1992), 98.

new laws or projects were announced, chiefs were installed, *orisa* rituals were conducted, performances included *oriki* and *odu* recitations, drumming, dancing and masquerades.

During this period, Christians, and to a small degree, Muslim populations intensely campaigned against Yoruba religious aspects. These growing segments of the populations, inspired through foreign propaganda worked hard to eliminate any traces of indigenous religion when opportunities arose. Tactics such as shrine destruction, throwing away of all ritual objects and the like were common ways in which Yoruba were asked to demonstrate conversion. The Muslims had been present in Yorubaland since at least the 17th century and at this point in history were not as active, as enemies of Yoruba tradition. However, the Christian missions, having only been present for less than a century by 1922 were very aggressive. At the same time, many people still engaged in Yoruba religion, though they ‘converted’ to Christianity.

Yoruba religion incontestably declined in the twentieth century because of Christian efforts. J.D.Y. Peel details the early years of this decline in *Religious Encounter and The Making of The Yoruba*. However, the decline in popularity of Yoruba religion did not mean erasure of the system. Omosade Awolalu contends that in the 1950s, toward the end of the colonial era, various nationalists came to believe that Christianity and Islam were tools that the Europeans used to oppress Africans. Furthermore, indigenous institutions, specifically cultural and religious ones, received varying measures of colonial support.⁸

⁸ Omosade Awolalu. “Traditional Religion in Nigeria: A Liturgico-Cultural Viewpoint,” in Gboyega, et. al. *Nigeria Since Independence: The First Twenty-Five Years* (Panel on Nigeria Since Independence History Project, Volume 9. Religion, 33).

Spirituality and Healing In Yorubaland

Religious co-existence in Yorubaland was not unusual; however the similar methodologies of the healers, especially incorporation of indigenous religious elements despite personal commitments to other religions, requires examination. Yoruba healers of all faiths considered the Yoruba spiritual/metaphysical methods used for human communication with the divine force(s) so effective that some continued to use these methods in order to stimulate a patient's healing process. The methods that some healers of any religious orientation still used, to varying degrees, have included sacrifice, divination, incantations, and medicinal preparations for metaphysical problems.

Healers, especially those who were Muslim and Christian, retained divination and sacrifice to a lesser degree than they did incantations and spiritual remedies. Divination was most often only used by Yoruba religious priests (*babalawos* and *olorisa*), therefore was the least cross-religious healing component. "The healing power of sacrifice,"⁹ nonetheless, was communally believed to be so essential that some healers, agnostic, Muslim, and occasionally Christians, retained this aspect of healing—the importance of sacrifice was a pan-African belief.¹⁰ The use of sacrifice in healing declined slightly in the 1922-1955 colonial period among non-indigenous religious healers.¹¹

⁹ From title: Ifayemi Elebuibon, *The Healing Power of Sacrifice* (Brooklyn, N.Y.: Athelia Henrietta Press, 2000).

¹⁰ John S. Mbiti, *African Religions & Philosophy*, 2nd rev. and enl. ed. (Oxford, Portsmouth, N.H.: Heinemann, (1969) reprint 1990), 58.

¹¹ Oral history interviews confirm this.



This photo is of the entry of Chief Aragberin's Yoruba religious temple. Inside he does divination and consultations to heal clients. Figure 5.1.

Incantations (*afose*), or using the 'power of words' was somewhat similar to prayer, but more intricate. The Yoruba healers' use of chants and incantations was related to a larger genre of Yoruba oral traditions, such as *itan* (oral history) and *oriki* (praise poetry). Incantations were thoughtfully crafted in order to execute an often immediate outcome. There was typically a command or directive involved and the person reciting the incantation was taught or on occasion was gifted with the ability to transform matter merely through words. It was a fragile act that needed to be done with skill in order to obtain potency.¹² Chief Elebuibon explained that he exercised this ability when he was four years old by instantly closing the bleeding wound of a playmate with a chant. For this act he was scolded because of his haphazardness in using it—he did not understand how frightening that could be to others who witnessed the event, of course being a

¹² Osunwole, Samuel. "Healing In Yoruba Traditional Belief Systems," (Dissertation, Ibadan: University of Ibadan, 1989), 129-143.

toddler.¹³ Mr. Adeboje states, “You have headache, and I pray in the traditional way and the thing [headache] will go [away].”¹⁴

A 1935 Ekiti ‘Intelligence Report’ notes that in Yoruba culture there was a belief in four types of criminal offenses: those against god, person, community or government. Offenses against god took the form of insults to god or a priest, neglectfulness of worship, or “juju disputes.”¹⁵ That correlates with other scholars’ more expanded assessments of the Yoruba spiritual causes for illness, namely, enemies (*ota*), spiritual malevolency (*aje*), evil medicine (*oso*), gods (*orisa*), or ancestors (*ebora*).¹⁶ Religious practitioners of every type of religion in Yorubaland believed in the supernatural.¹⁷ While the oral history interviews reveal that Muslim and Christian healers did not detail the type of “enemies” that caused an individual illness, such as misfortune, they subscribed to the concept that ‘enemies’ caused certain problems and thereby healers offer solutions.

The majority of Yoruba healers, of various religions, offered medicines that dealt with spiritual/metaphysical issues. The aim in these cases was to offer positively fortifying and/or protective medicines. Healers were forbidden from offering services that facilitated evil. Table 5.a paraphrases a portion of these types of medicines.

¹³ Personal interview of Chief Babalawo Ifayemi Elebuibon, August, 2007.

¹⁴ Personal interview of Olusegun Adeboje, August, 2001.

¹⁵ “Intelligence Report on Ado District, Ekiti Division Ondo Province” 1935 CSO 26 29734.

¹⁶ A. S. Jegede, “The Yoruba Cultural Construction of Health and Illness,” *Nordic Journal of African Studies* 11, no. 3 (2002), 328.

¹⁷ Peter Dopamu, “The Practice of Magic and Medicine in Yoruba Traditional Religion” (Dissertation, University of Ibadan, 1977), 69.

Table 5.a

Yoruba Beneficent Spiritual Medicine	English Translation
<i>Afeeri</i>	Medicine of invisibility.
<i>Afunje</i>	Medicine of love, mixture placed in a woman's food.
<i>Ajegbe</i>	Medicine that prevents any poison taken unknowingly to affect one.
<i>Ajera</i>	Medicine that renders poison taken unknowingly, harmless.
<i>Amure</i>	Medicine used to paralyze one's faculty, such as to capture a violent person.
<i>Apase</i>	Medicine that annuls the power of the magical command.
<i>Arema</i>	Medicine used by a person who wants to be blessed with children.
<i>Areta</i>	Medicine that makes one immune from bullets.
<i>Ariron</i>	Medicine that prevents evil from harming one who comes into contact with it.
<i>Awijare</i>	Medicine that enables one to win a (court) case.
<i>Awure</i>	Medicine of good-luck with everything.
<i>Ero Magun</i>	Medicine that protects one against the evil magic applied on a woman to kill an adulterer.
<i>Ere Yinnki</i>	Medicine of ink for examination and writing of application letters.
<i>Fifa Ojo</i>	Medicine used to cause rain to fall.
<i>Ideno fun ole</i>	Medicine to protect a house against robbers.
<i>Idonwo</i>	Medicine used for success in examination.
<i>Iriron</i>	Medicine of second sight. It enables one to see what cannot be seen by naked eyes.
<i>Isoye</i>	Medicine used to aid memory.
<i>Isuju</i>	Medicine of concealment. It is used by healers that work wonders.
<i>Jiji oni ti o daku</i>	Medicine used to revive a person that faints.
<i>Madarikon</i>	Medicine that protects one against all types of evil.
<i>Oogun Eron sin-sin</i>	Medicine that makes domestic animals productive.
<i>Oogun Isu</i>	Medicine that makes yam tubers grow very large.
<i>Oogun Ode</i>	Medicine used in hunting.

18

Dopamu includes a list of 71 different “types of magic” or beneficent spiritual medicine.

This chapter uses the term medicine instead of magic, because these remedies and

¹⁸ Figure 5.a, a paraphrased sample from Dopamu, “The Practice of Magic and Medicine in Yoruba Traditional Religion,” 684-690.

“charms” were made from natural substances for the function of improved holistic health. Although the objective was for the recipes to work on a supernatural level and/or with spiritual intentions, these remedies and good charms have often been locally referred to as ‘medicine’ nonetheless.¹⁹ This minor sample of the types of spiritual medicines Yoruba healers offered between 1922 and 1955 expresses why the Yoruba people continued to be so attracted to Yoruba healing. The resiliency of Yoruba healing was in part, because of the large selection of remedies Yoruba people could obtain from healers.

Components of Yoruba Religion Relative to Healing

Towns, families, and at times individuals had unique spiritual practices and beliefs, although most of the characteristics overlapped. This anthropomorphic system was inclusive of the idea that “unseen forces which explain and affect human life [and] are thought of and related to in human terms.”²⁰ Although Yoruba cosmology was inclusive of benevolent and malevolent supernatural beings and activities, the Yoruba religion did not include worship or an embracing of the evil aspects of the cosmology. At the same time, there was a definite recognition and acknowledgement of these dimensions of spirituality, especially for protection against them.

The divinities (*orisa*) and ancestors (*egun*) were the major spiritual forces of the Yoruba religion. These spiritual beings were considered benevolent, though it was believed they could be angered. However, they were considered mediators between *Olorun* (God of Heaven) and human beings, and were independent agents working on

¹⁹ ‘Charms’ is a word that was used by many Yoruba English speakers, including healers, to reference some spiritual medicinal remedies. Charms were good or bad.

²⁰ Smart, *The World's Religions* 310 and 311 defines anthropomorphic, not necessarily in relation to the Yoruba.

behalf of humans. These divine forces initiated communication with Yoruba people through various media, including divination, dreams, possession, natural events such as storms or epidemics. Additionally, these spirits created experiences people were supposed to perceive messages through. Illnesses were, at times, messages of dissatisfaction from these spiritual forces.

There were at least 401 divinities male, female and androgynous. Some ancestors were deified however many the divinities were masters of natural elements, such as water or fire, or an attribute of nature i.e., the hill of Ibadan. Additionally, the divinities represented and sponsored features of human affairs, i.e., wisdom or health. Communal and personal ancestors and divinities required propitiation, had personalities, favorite foods, emotions, expectations of humans and the power to influence human lives. As Simpson illustrates throughout his text, numerous aspects of spirit worship required medicinal, especially herbal, preparations—these activities were not limited to initiations, celebrations, care of ritual objects and easily found references to medicine in praises, chants and songs. The Yoruba often relied upon these beings for *alaafia*. *Alaafia* was usually translated as “peace,” but actually meant good health, success and prosperity.²¹ In order to achieve *alaafia* praise and sacrifice were required. Sacrifices, which provided healing, sometimes without medicinal remedies, came in the forms of libation, food, cowries, kola nuts, plants, and animals.

Yoruba people’s level of devotion to divine spirits varied. Not all Yoruba people worshipped indigenous beings in the colonial era. One group were the spiritual leaders,

²¹ J.D.Y. Peel, *Religious Encounter and the Making of the Yoruba*, (Bloomington: Indiana University Press, 2000), 91.

others were worshippers and some Yoruba only participated in festivals and/or sacrifices. With religion, just as with medicine, some people exercised pluralism, using whatever options available to obtain a satisfactory life. Because pluralism was forbidden in Christianity and Islam, people often covertly practiced two religions. However, the Yoruba religion did not necessitate exclusion of other religious practices although many practitioners certainly were territorial. During the late 1920s an *Ifa* priest in Oyo wanted his son exiled from the region because he became a Christian and “refuses to become the *Ifa* priest in succession to his father.”²² That was rather unusual.

A 19th century example of the Yoruba custom of inclusion and acceptance of other religions is demonstrated in the case of the prominent missionary and Africa’s first Bishop, Samuel Crowther, who despised the Yoruba religious system. Peter McKenzie found that “Crowther’s parents had been told by a *babalawo* (diviner) that their son would worship *Olorun*, the Lord of Heaven.” Consequently, his parents were upset that he was destined to worship like the Muslims, since Christianity was not known in the region at the time.²³ This openness allowed for space within the religion for the healing remedies to be incorporated by practitioners of other religions between 1922 and 1955.

The responsibility of the religious leaders was to ensure *alaafia* (peace) in all areas of a person’s or community’s life, be it physical or metaphysical. Nevertheless, if one came to a religious expert for help of any kind, unsurprisingly, spiritual methods and often a spiritual association to the problem would be involved. Some Yoruba religious

²² “Oyo Divisional Miscellaneous” #72.

²³ McKenzie, *Inter-Religious Encounters in West Africa: Samuel Ajayi Crowther’s Attitude To African Traditional Religion and Islam Century* (New York, Leiden: Brill, 1997), 14-15.

priests were diviners, others were commissioned to roles such as keeping shrines, leading in song or dance, producing artistic religious paraphernalia, or simply being a participant in communal or family religious activities. Numerous people were also initiated for non-religious purposes i.e., to enhance a profession such as hunting, or to protect one's physical health.²⁴ It is then easy to see how hunters and farmers had religious as well as practical access to healing remedies.

An implicit function of many of these Yoruba religious healers was to perform divination, either personally or professionally. Divination was a process in which messages were derived from the spiritual world via human management of physical tools, such as shells or nuts, which were common among the Yoruba. Various priest-healers used divination to determine health outcomes. Chief Arabgerin explains “we usually make use of cowries, so that we understand whatever their [the patient's] illness is...I learned that from him [my father].”²⁵ Likewise, Mrs. Osawemimo recalls “My mother used erindinlogun” (16 cowry shells) to diagnose patients.²⁶ Mr. Adeboje describes approaches healers may take with divination:

You can treat anybody, first you may find out the cause of the disease...Finding out—if you say, they have done wrong somewhere, you can see what is meant [through divination]...it will be alright. Even before the man comes to you, look behind you the day that it happens...[*Ifa* will] say ‘this man is coming to you—don’t help him.’ So, if you like the man you can ask *Ifa*, please what will you take? I want to help him. If you like the man! They [the advising spirits through *Ifa*] will give you conditions; and if they give you a condition and the condition is not preferable to you, then you will not do it.²⁷

²⁴ Elebuibon, *The Healing Power of Sacrifice*.

²⁵ Personal interview of Chief Aragberin Edun Adebisi Omoyebi, April, 2008.

²⁶ Personal interview of Edun Ogundeji Osawemimo, April, 2008.

²⁷ Personal interview of Olusegun Adeboje, August, 2001.

Ifa

The two main types of Yoruba religious leaders who served as healers were priests of various divinities (*olorisa*) and priests of *Ifa* (*babalawo* or *iyanifa*). What can be confusing to many is, if *Ifa* is also a divinity, then why was there a distinction between these two types of priests? These differences were for both religious and political reasons. *Ifa* priests were present in most kingdoms throughout Yorubaland, especially as advisors to kings, but the same cannot be as easily said about other *olorisa*. The question must then be asked: How was it that the *Ifa* priests obtained dominance politically and religiously? The answer lies in the attribute of the divinity—namely that *Ifa* was the omniscient divinity.

Ifa, also known as *Orunmila*, was the divinity of wisdom and all-knowingness. *Ifa* was responsible for putting the world in divine order and coordinated the work of the *Olorun* (God of heaven), *orisa* (divinities), the *egun* (ancestors) and humans.²⁸ Because of this *Ifa* was more aware of every aspect of human life than any other spiritual entity a human could consult, knowing the past, present and future. Given the Yoruba concept of predestination, if a life calamity occurred, such as a serious illness, then the cause was the person not living in accordance with their destiny. In these cases, *Ifa* was consulted to provide the corrective prescription, which often included healing remedies.

Of the *Ifa* priests, males in Yorubaland were welcome to train to become an *Ifa* priest (*babalawo*), however, only a select group of females were permitted to become *Ifa*

²⁸ The role of being a communicator between *Olorun/Olodumare* and other beings was at times attributed to *Orunmila/Ifa* or *Esu-Elegbara*. Abimbola, *Ifá: An Exposition of Ifá Literary Corpus* 9 and P. R. McKenzie, *Hail Orisha!: A Phenomenology of a West African Religion in the Mid-Nineteenth*, 525, functions of the *orisa* overlapped. *Esu-Elegbara* was considered a work-mate and close friend of *Orunmila/Ifa*.

priestesses (or *iyanifa*).²⁹ A historical investigation to determine the origin and/or the consistency of the social gendering of *Ifa* priests might reveal that this phenomenon grew out of patriarchal motivations, both indigenous and colonial.³⁰ One does not find such a gendered perspective with priests of most other divinities. The fact that many *babalawos* were such prominent Yoruba healers, is one reason many studies have focused on male Yoruba healers.

“The essential aspect of the *babalawo*’s role is not his psychological insight (though he may well be considered to have it), but his technical expertise in having memorized many *ese* [the verses of *odu*].”³¹ The *babalawo* trained for decades to remember the 256 (at minimum) *odu* and yet was supposed to assume a humble social position. They possessed many objects necessary for divination and healing remedies. The knowledge within the *odus* includes graphic symbols, stories and prescriptions. The *odu* remedies most often suggested were sacrifice (*ebo*), and in many cases, medicine (*oogun*).³² Below is an example of a healing prescription from the *odu* “*Obara Iwori*”:

To have a good memory [*Isoye*]

Leaf of *Symphonia Globulifera*, *Guttiferae*

Leaf of *Hydrolea Glabra*, *Hydrophilaceae*

Leaf of *Glyphaea Brevis*, *Tiliaceae*

A snake

Burn [all of these ingredients], draw the *odu* in the preparation, recite the incantation, drink with water.

²⁹ Abimbola, *Ifá: An Exposition of Ifá Literary Corpus*, 14, and McKenzie Hail Orisha!: *A Phenomenology of a West African Religion in the Mid-Nineteenth Century*, display numerous nineteenth century references to *babalawos*. He also states that there were references to female priest of *Ifa* in the Christian Missionary Society records.

³⁰ Peel, "Gender in Yoruba Religious Change," *Journal of Religion in Africa* 32, no. 2 (2002), 149.

³¹ Peel, J.D.Y. "The Pastor And The *Babalawo*: The Interaction Of Religions In Nineteenth-Century Yorubaland," *Africa* 60 (3), 1990, 340.

³² Abimbola, *Ifá: An Exposition of Ifá Literary Corpus*, 35. Medicine is a remedy, containing physically and spiritually healing ingredients.

Agberigbede, bring my memory
Oniyeniye, recall my memory
Atori, organise my own memory
A sharp memory is characteristic of the snake.³³

This particular recipe was chosen because the topic of creating a medicine to obtain, maintain or retain a good memory is a perfect demonstration of a subject that traverses the domains of physical and metaphysical principles. Having a good memory was desired among humans cross-culturally. Nonetheless, in this case a “good” memory actually means a superior, exceptional, extraordinary, and in some cases, even, a paranormal memory. This was not a remedy for simply a “good memory,” good was a relative term. As with the most Yoruba medicine recipes, this one required local plants; however, this recipe calls for an animal sacrifice too. It is not abnormal that an animal would be called for if it had culturally associated characteristics that relate to the medicinal objective.

Once proficient, *babalawos* often became professionals because of the demands for their services. Even though many healers and priests had other professions i.e., farming, hunting or trading, elder *babalawos* could dominate the healing landscape because of their typical, eventual full time commitments to their professions. This may be one reason why Yoruba healers who were not *babalawos* sought to increase their competitiveness, visibility and prominence progressively more during the colonial era. “The First Native Herbalist Society of Nigeria” of 1933 mandated its herbalist members to “undertake no other work or occupation,” which was not likely prevented.³⁴

³³ Pierre Verger, *Ewe: The Use of Plants in Yoruba Society* (Sao Paulo: Odebrecht/Editora Schwarcz, 1995). 371.

³⁴ “The First Native Herbalist Society of Nigeria” CSO 26 J/1 Z/1c.

Conversely, with the diversification of religious and cultural perspectives, *babalawos* were more prone than ever before to downplay their religious roles and emphasize Yoruba healing between 1922 and 1955. Isaac Delano deducted: “It is...the capacity of prescribing medicines that has caused the “Babalawos” to become native doctors. They have to prepare and dispense their own prescriptions, for no native chemist will do it for them.”³⁵

The *odus* indicate that there were different types of *babalawos*, as Wande Abimbola explains:

There are five classes of *Ifa* priests. The first...are the most qualified of *Ifa* priests being at once both diviners and healers. The second class of *Ifa* priests consists of priests who have not been initiated into the secrets of *Odu* [i.e., recipes] and who have all the paraphernalia of *Ifa* divination and are fully authorized to practise the art of divination. The third class of *Ifa* priests is made up of people who have all the paraphernalia of *Ifa* divination but who are forbidden to use them to divine for people outside their own households. To the fourth class are consigned to *Ifa* priests who are healers; they are full *Ifa* priests but they divine solely for healing purposes. The fifth class is made up of trained *Ifa* priests who are neither diviners nor healers but who have been trained as *Ifa* priests. They have all of the paraphernalia of *Ifa* but do not use them. [They have] some [other] full time gainful employment but he attends the regular assemblies of *Ifa* priests and he maintains a disciplined attitude to life which is characteristic of *Ifa* priests.³⁶

Of the two types of *babalawo* that also serve as healers, both were diviners. However, one could attend to all types of life issues, the other was restricted to resolving mostly physical healing. Training lasted for decades and could easily require extensive travel in order to work with a “particular specialist for training.”³⁷

The priests of *Ifa* had a wide range of professional approaches available to them, but what about the priests of other divinities? They also could specialize in healing and

³⁵ Isaac O. Delano, *The Soul of Nigeria* (London: Werner, 1937), 180.

³⁶ Abimbola, *Ifá: An Exposition of Ifá Literary Corpus*, 13-14.

³⁷ *Ibid*, 25.

gain outstanding reputations for being effective. The *Ifa* corpus clearly subjects the other divinities to *Ifa*'s domain. However, alternative Yoruba religious perspectives do not necessarily subdue all divinities to the authority of *Ifa*. At the same time, many of the major (pan-Yoruba) divinities did share the other divination system, which was *merindinlogun* (16 cowries). They indisputably occupy a similar rank in the cosmic hierarchy. One extremely ambiguous divinity that E. Bolaji Idowu has claimed was superior to *Ifa* in the cosmic ranking is *Obatala/Orisanla*, the divinity that creates humans. He states: "Orisa-nla is the supreme divinity of Yorubaland. As his name implies he is the great or arch-divinity...He is automatically the senior and head of them all. He is also called Obatala, the name which [means]...the king who is great."³⁸

These claims about which divinity was most powerful is an important consideration in healing because it details some ways in which different types of religious healers were considered. In terms of hierarchies, what is known from the *odus* is that the primordial divinities were *Oduduwa*, *Obatala/Orisa 'Nla*, *Ifa/Orunmila*, *Esu/Elegbara*, *Ogun*, *Osun* and *Sopona/Obaluaye*, as the first to come to the planet earth.³⁹ Most of these *orisa*, and a few others also happen to be the divinities most associated with Yoruba healing practices. Healers that were priests of certain divinities could, occasionally, achieve recognition and regard beyond that of a *babalawo* if their healing skills were extraordinarily developed.

³⁸ E. Bolaji Idowu, *Olódùmarè, God in Yoruba Belief* (London: Longmans, 1962), 71.

³⁹ Kola Abimbola, *Yoruba Culture: A Philosophical Account* (Birmingham, UK: Iroko Academic Publishers, 2006), and Elebuibon, *The Healing Power of Sacrifice*.

Osanyin

One divinity that was repeatedly noted as inferior to *Ifa*, according to the *odus* of the two main Yoruba divining systems (*Ifa* and *merindinlogun*) is *Osanyin* the divinity of herbs, plants and medicine. The priests of *Osanyin* were known as *onisekun*, which by the 1922-1955 period was a term applied to Yoruba healers of any religion. It is unclear when people began to use the term *onisekun* to label Yoruba healers of various religions. Nonetheless, the widely acknowledged junior rank of this divinity is taken from *odus*.

From the *odu*—*Oturupon* of the *merindinlogun* system the story is as follows:

Where we see fourteen elders [14 cowry shells]
Orisha says that we should offer a sacrifice
Do you see the way that Orisha says that this is so?
'Tortoise enters the forest waddling;
'The skin that covers the stomach does not let us see the intestines [thoughts]'
Was the one who cast for Osanyin and Orunmila [Ifa]
When they were enemies
There was Orunmila [Ifa], he was divining for the king;
And there was Osanyin, he was divining for the king.
When Orunmila [Ifa] went out
He said, 'My life, oh!
It is stronger than medicine.'
And Osanyin said, 'We e! My life is supernatural.'
When Osanyin went out he said 'Ha! Ha!
Who is this black person?
It is I myself
'Whom he is challenging like this.'
'He is stronger than medicine
And leaves? Ha!'
Osanyin said, 'I will catch him.'
Orunmila [Ifa] said, 'Me?
You Osanyin before my very eyes?'
So they went on;
Their enmity continued.
Then one day
They challenged each other.
Osanyin challenged Orunmila [Ifa].
And Orunmila challenged Osanyin.
Osanyin said 'If you think I am lying, let us bury ourselves in the ground.
On the 320th day from today

People can come and dig us out. What!’
 Ifa said, ‘I am ready.’
 They dug a hole for Orunmila [Ifa].
 They dug a hole for Osanyin...
 Orunmila put his hands on his head, he went to the diviners...
 [They told him] ‘The thing that you have to do because of the journey you are going on...
 A sacrifice is what you should offer’...
 He did not omit anything, he offered all...
 When the diviner made this medicine
 He used a whole giant rat to make it,
 And a whole crab [then gave this to Orunmila before he went into the hole]...
 As Orunmila [Ifa] got into the hole that they had finished making...
 When the crab came out briskly,
 Crab went down,
 It looked for water [and brought it back to Orunmila]...
 Giant rat would bring the food, and Orunmila [Ifa] would eat it in the morning...
 So it went for 320 days...
 Osanyin had said, ‘What sacrifice?’
 Osanyin had not sacrificed anything...
 And they buried them until
 The 320th day...
 When the 320th day came...
 They began to dig out Osanyin...
 Iron rods, staples, things that Osanyin wore,
 Jars, potsherds, jars that Osanyin wore were what they found.
 He was completely decomposed.
 When Orunmila appeared, he appeared complete with his white cloth...
 He was praising the diviners, and the diviners were praising Orisha...
 [People sang] ‘If Ifa comes home.
 One who is stronger than medicine’
 Is the one they are calling ‘Sacrifice is stronger than medicine’...
 That is Oturupon.⁴⁰

The *odu* of *Ifa* had additional stories that reference *Osanyin*. For instance, the *odu*—*Ogunda Meji* details the story of how *Osanyin* became the servant of *Ifa* and one day *Ifa* discovered that *Osanyin* knew all the plants and their properties, and *Ifa* then asked *Osanyin* to teach him this knowledge.⁴¹ In both of these examples *Osanyin* was inferior to *Ifa*, while at the same time *Osanyin* was presented as wise and so knowledgeable that

⁴⁰ *Odu* recorded in 1951 from Salako via William Bascom, *Sixteen Cowries: Yoruba Divination from Africa to the New World*, (Indiana University Press, 1993), 753-763.

⁴¹ Dopamu, “The Practice of Magic and Medicine in Yoruba Traditional Religion,” 126.

he served as competition to *Ifa*. These *odus* reflect a similar conflict that occurred between Yoruba healers/herbalists and *Ifa* priests between 1922 and 1955. Priest of other divinities, besides *Ifa* and *Osanyin* occupied a wide array of roles. Of those priests (*olorisa*) that became healers, they were often disciples of one of these divinities: *Saponna*, *Osun*, *Obatala*, *Ogun*, *Yemoja*, or *Sango*.

Saponna

Saponna was the divinity of smallpox and at times also was attributed to mental illness. This divinity was considered the most ancient of the original divinities.⁴² *Saponna* also was considered a supreme ruler thus the praise name, *Obaluaye*, meaning ‘king of the world.’ It was common that smallpox outbreaks occurred during the time of the hot earth, the dry season. Christians and Europeans in this colonial period misunderstood *Saponna* to be a “demon...[and] malignant spirit.”⁴³ *Saponna* despised wicked medicine yet was equated to death by disease. Thus, presenting a paradox—a divinity that worked to destroy human owners of evil medicine and yet used disease as a weapon. This divinity did not have a reputation for being nice or kind, but he was known as a performer of important functions for human resiliency. A portion of a praise song that Simpson recorded illustrates *Saponna*’s alliance with Yoruba healing:

Abata (Sanponna) who flourishes luxuriantly like the leaves of the *ajo* tree.
 The one who takes poison but on whom poison has no effect.
 Farioro, the one who has many tiny guards of medicine, and one who makes people’s
 medicine ineffective.
 One who killed six of seven witches.
 The *orisa* eats a witches arm almost completely.

⁴² Idowu, *Olódùmarè, God in Yoruba Belief*, 95.

⁴³ “Notes on Customs & Superstition of Indigenous Institutions” CSO 26 6076.

Do not tempt me against people, do not tempt people to do evil against me.⁴⁴

The Yoruba's allotment of a divinity to this disease had significant and practical purposes. As one colonial report noted priests, priestesses and worshippers of this divinity had other "trade[s] or profession[s] and practise [sic] the arts of their cult in their spare time."⁴⁵ Nevertheless, they were responsible for ensuring that the ill were isolated from the healthy population. Typically the disciples of this divinity were responsible for the caretaking of the bodies of those that died from the disease. A c. 1930 report noted

They always called in a priest to aid as a doctor in the cure of the [smallpox] disease. Certain ingredients and money were demanded and a preparation consisting largely of shea butter was prepared to rub the body. There is little doubt that shea butter – a well-known remedy for rheumatism and skin affections- had a beneficial effect.⁴⁶

Worshippers removed the body from residential areas and then buried or cremated them, often along with their clothes and other belongings.⁴⁷ Subsequently, a death from smallpox was not to be mourned. On the contrary, such a death was to be either ignored or festively celebrated—especially in order to avoid any further vengeance from this divinity.

The broom was one of the symbols of this divinity because cleanliness was a common preventative medicinal strategy used among the Yoruba. During an epidemic people were instructed to clean their homes and common areas with a special broom.⁴⁸ At times, corpses were hung until "matter dropped into a calabash which was taken away

⁴⁴ George E. Simpson, *Yoruba Religion and Medicine in Ibadan* (Ibadan, Nigeria: Ibadan University Press, 1980), 37-38.

⁴⁵ "Notes on Customs & Superstition of Indigenous Institutions" CSO 26 6076.

⁴⁶ Ibid.

⁴⁷ Una Maclean, *Magical Medicine: A Nigerian Case-Study* (London: Allen Lane, 1971), 39.

⁴⁸ Maclean, *Magical Medicine: A Nigerian Case-Study*, 39.

to...[prevent] the means of spreading the disease.”⁴⁹ Importantly, some priests also used inoculation strategies with this disease, via powders and ointments. Many of these practices, although clearly useful, were the cause of the downfall of the sect during the colonial era.

Saponna was quite controversial in the 1922-1955 period, as stated in a colonial report – the worship of it had been “forbidden by law.”⁵⁰ Smallpox was an epidemic during various periods of Yoruba history and continued through this period. As Maclean states:

In 1917, the British forbade the ‘worship’ of Shopanna and put an end to the activities of the priests, on the unsubstantiated suspicion that they occasionally acted maliciously and tried to spread the disease by using a powder made from the dried scabs. But local treatments of smallpox are still very widely quoted and many herbalists today, without admitting adherence to Shopanna, will claim proficiency in the management of serious skin diseases.⁵¹

The prohibition of *Saponna* worship arose because of the work of Dr. Sapara. His assessment of *Saponna* priests was that priests used the death rituals as an excuse to pilfer victims’ belongings, and keep these items for themselves. Furthermore, he argued that inoculation practices spread the diseases and priest actually facilitated epidemics, as opposed to providing relief.⁵² His judgment was so acceptable to the colonial regime that they instituted the anti-*Saponna* law. However, by the 1950s there were still concerns that priests intentionally spread the disease. The minutes from a council meeting note that a chief told the council

about the bad practices of the Native Herbalists with regard to victims of Small Pox. He

⁴⁹ “Notes on Customs & Superstition of Indigenous Institutions” CSO 26 6076.

⁵⁰ Ibid.

⁵¹ Maclean, *Magical Medicine*, 39.

⁵² Ralph Schram, *A History of the Nigerian Health Services* (Ibadan: Ibadan University Press, 1971), 140-1.

said that owing to the believe [sic] among the people that the worshippers of the god of Small Pox must take possession of all the properties of anybody [who] died as a result of attack of S.P., the Herbalists usually hide under this cloak to spread the disease so that as many victims as much properties will be taken by them.⁵³

There is no doubt that there were unscrupulous priests-healers, however, to reduce all or most priests to having such intentions was an exaggeration and/or prejudice. The outlawing of a Yoruba religious sect was rare in colonial Nigeria, and, in fact, this was the only case known in Yorubaland. Nonetheless, this law was respected and acknowledged among healers. Multiple healers' association rules of the colonial era state that they forbade the worship of smallpox.⁵⁴ Yoruba healers still treated smallpox, as evidenced by the directive of one 1929 association that "nobody must treat a small pox in his own house,"⁵⁵ but, presumably could treat it in the house of victims. The worshipping of *Saponna* between 1922 and 1955 diminished and went underground. Credence to *Saponna* as a prominent divinity did not decline though.

Osun

Most water divinities of Yorubaland were considered feminine, and this divinity was associated with the river *Osun* that begins deep in the interior of Yorubaland near Ogbomoso, flows through Osogbo, the home town of the divinity, and continues to the coast. *Osun* was the ever-popular divinity of fertility, joy and love. This divinity was known as the "original feminist"⁵⁶ since she was the only distinct female among the primordial divinities. Peel noted that prior to the colonial era, *Osun* was much more

⁵³ "Native Herbalist Correspondence" 1934-1953, Abeokuta Provincial Office, District 1, 657.

⁵⁴ "The First Native Herbalist Society of Nigeria" CSO 26 J/1 Z/1c.

⁵⁵ "Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:" 1921-1931, Oyo Provincial Papers, volume 1, file 105.

⁵⁶ Elebuibon (personal conversation) and Diedre Badejo, *Osun Seegesi: The Elegant Deity of Wealth, Power, and Femininity* (Trenton, N.J.: Africa World Press, 1996), 73 quoting Steady.

popular than *Yemoja*, even where the two coexisted.⁵⁷ This was in part because although both divinities blessed women with children, *Osun* was also well known to enhance a person's life with love, wealth and beauty.

The *odus* state that *Osun* became associated with healing abilities because she was the wife of *Ifa* and also provided consultation to his clients, through the *merindinlogun* divination system.⁵⁸ Thus, *Osun* knows many similar secrets for healing that *Ifa* knows. The other aspect of *Osun* was her position as the leader of the *aje*, or powerful maternal figures.⁵⁹ The oral history interviews reiterate that Yoruba healers of all religions credit 'the great mothers' as being the source of power behind healing, herbs and other remedies.



The Yeye of Lagos with other devotees of *Osun* making an offering to a shrine on the water during a festival. Photo taken by the author in April, 2008. Figure 5.2.

⁵⁷ Peel, *Religious Encounter and the Making of the Yoruba*, 112.

⁵⁸ Badejo, *Osun Seegesi: The Elegant Deity of Wealth, Power, and Femininity*, 90-91.

⁵⁹ *Ibid.*, 74-80.

Of the female Yoruba healers, disproportionate amounts have a relationship with *Osun*, especially as priestesses. The *Yeye* of Lagos, or the spiritual grand/mother of Lagos, an *Olorisa* of *Osun*, who is in her eighties, learned an abundance of information about “roots and leaves” from her grandmother—who was the head of female priestly healers. She and her grandmother could heal with incantations or water alone.

Hydrotherapy, in fact, was a very common attribute of the healing repertoire of the disciples of *Osun* and was also found among healers associated with other divinities. Healing with only water was a cross-cultural phenomenon, and Yoruba healers would use water to resolve illnesses that modern medicine has verified are induced from dehydration, namely blood disorders, digestive dysfunctions, nervous and immune system problems, headaches, rheumatism, etc.⁶⁰ Among the Yoruba, stagnant waters were never used to heal, just flowing waters, like that of the river.⁶¹

Yemoja

Yemoja was the divinity of the river *Ogun* that flows from Abeokuta to the coast near Lagos. Like *Osun*, this divinity was known to be responsible for motherhood and healing (women especially), however *Yemoja* was not considered a primordial divinity. In 1855, an interesting case of a healing priestess named Akere, who embodied the power of *Yemoja*, caused four missionaries to discuss her case in great detail in their records and

⁶⁰ James F. Balch and Mark Stengler, *Prescription for Natural Cures: A Self-Care Guide for Treating Health Problems with Natural Remedies, Including Diet and Nutrition, Nutritional Supplements, Bodywork, and More* (Hoboken, N.J.: John Wiley & Sons, 2004), 676-7 discusses health benefits of hydrotherapy.

⁶¹ E. M. Rinne, "Water and Healing—Experiences from the Traditional Healers in Ile-Ife, Nigeria," *Nordic Journal of African Studies* 10, no. 1 (2001), 52.

journals.⁶² Using thousands of calabashes, Akere filled them with water, which she made sacred through her healing touch. Her career was brief and her origin was unknown. However, she healed barren women and cured other disorders with exceptional success. Missionary Thomas King noted that Akere was prosperous and she claimed “to have been commissioned with no less than 600,000 children by Yemaja to give to the people.”⁶³

Obatala/Orisa 'Nla

Obatala, also known as *Orisa 'Nla*, was the divinity that sculpted human beings and gave them the breath of life. This primordial divinity, much like *Oduduwa*, was credited with being the progenitor of the Yoruba people yet in different ways, because *Oduduwa* was the first, ancestral Yoruba human and *Obatala* the creator of humans. This divinity was the patron of social peace, moral purity and long-life. *Obatala* was often depicted as an old man or woman—one with a prolonged existence. Long life was treasured in Yoruba society, reemphasizing the social importance of good health, a typical prerequisite for long-life. Because this divinity created all human beings, *Obatala* was regarded as the guardian of the deformed and handicapped, as they were considered special children of *Obatala*.

Abimbola paraphrases a priest who declared, “no *Ifa* priest desirous of becoming a renowned specialist in healing will ever feel contented with his ability until he can cure the lame, the dwarf and the hunchback.”⁶⁴ Though this quote is in reference to *Ifa*

⁶² Peel, *Religious Encounters and the Making of the Yoruba*, 20.

⁶³ McKenzie, *Hail Orisha!: A Phenomenology of a West African Religion in the Mid-Nineteenth Century*, 339. His citation is CMS archive 061, J. 15/9/55.

⁶⁴ Abimbola, *Ifá: An Exposition of Ifá Literary Corpus*.

priests, it reflects how handicapped was a real health issue in multiple places in Yorubaland. These special children of *Obatala* often became initiates and at times acquired special abilities (e.g. spirit possession) that allowed them to have greater alternatives in the daily operation of their lives.

Ogun

Ogun was the divinity of war, hunting and iron. This primordial divinity forged the path from heaven to earth trailblazing for the 401 divinities to inhabit the planet.⁶⁵ Priests and priestesses of this divinity were rarer to find than those of many other divinities, though many communities, and professionals were devotees of this divinity.⁶⁶ *Ogun* was essential to those that worked with iron objects, namely warriors, hunters, blacksmiths, mechanics, vehicle drivers, farmers, road creators, barbers/hairdressers, (skin) incision makers, circumcised boys and midwives who cut umbilical cords. Therefore, *Ogun* was associated with life and fertility as well as death and violence.

Hunters were healers, and hunters also doubled as the warriors of many Yoruba communities. The use of weapons and seeking protection from weapons was not considered wicked among the Yoruba unless used for the wrong purposes i.e., recklessness, greed, or assault upon one's own community. Though Opeola does not discuss *Ogun* extensively, he does elaborate on the diversity of Yoruba herbal weaponry. Some herbal weapons include *apeta* or herbal missiles and *afose* or incantation that could

⁶⁵ McKenzie, *Hail Orisha!: A Phenomenology of a West African Religion in the Mid-Nineteenth Century*, 467.

⁶⁶ John Pemberton and Funso S. Afolayan, *Yoruba Sacred Kingship: "A Power Like That of the Gods"* (Washington, DC: Smithsonian Institution Press, 1996), 158.

be placed in a container and projected.⁶⁷ To counter firearms, Yoruba invented charmed garments, which were often leather aprons and padded jackets for battle that contained “herbal bullet proofs like asaki ibon, afoobon, ayeeta. Some herbal weapons like egbe and afeeri help their owners to disappear; isuju is used to prevent enemies to be aware of the owner’s presence. Eyin-lo-lobe-so, makes the enemies to miss their mark.”⁶⁸

Because of the numerous amount of wars, these weapons likely developed in the slave trade era, the colonial environment certainly stimulated desires among citizens for protective medicines, thus keeping such traditions alive from 1922 to 1955.

Sango

Sango, the divinity of thunder and lightening, also was the patron divinity of the Oyo kingdom. *Sango* was widespread because the Oyo kingdom was the most expansive of former Yoruba kingdoms. Priests of this divinity proliferated in Yorubaland. Missionaries noted a range of “miracles” or instant self-healing demonstrations of *Sango* priests such as, immunity to sword attacks, eating glass walking through fire and rising from the dead!⁶⁹ Furthermore, the strike of lightening, especially if a home was burned, was viewed as a call to implement justice. Victims of the fire had to recruit priests in the healing of their properties. The priests then consecrated the space before the resident was allowed to rebuild their quarters. The c. 1930 report on Yoruba customs noted that if a house was struck by lightening the owner must:

⁶⁷ Opeola, “the Use of Spiritual and Herbal Weapons in Yoruba Warfare” (Unpublished Paper, Ile-Ife, Nigeria: 1981), 13.

⁶⁸ Ibid, 14-15.

⁶⁹ These events were documented by numerous 19th c. missionaries as noted by McKenzie, *Hail Orisha!: A Phenomenology of a West African Religion in the Mid-Nineteenth Century*, 520-521. I also witnessed such feats by a *Sango* devotee, in Osogbo, Nigeria. He ate glass, chopped his arm with an ax and walked through fire and remained unscathed.

purchase 1 ram, 6 goats, snails, a tortoise, pigeons, iguana, and wild rats. Two hundred separate kinds of leaves are collected and placed together with the small animals mentioned above in two mortars and the whole pounded into a mass, to which is added palm oil, shea butter, and odundun and tete leaves. This concoction is placed in a large calabash and to it are added water. The leaves of the Igba tree are cut and tied into a broom, with which the fluid is sprinkled right and left with the cry “Ago, Ago.”⁷⁰

Islam and Yoruba Healing

Chief Olojede recounts, just as he is Muslim, “my father was a Muslim...being a Muslim does not disturb [us] from being a traditional healer.”⁷¹ One reason Islam spread throughout Africa was due to the adaptive nature of the religion. Various cultures integrated and assimilated their indigenous beliefs with Islam, and scholars have found healing retained a presence within cultures that generally adopted Islam, especially in Africa. The presence of Islam in Yorubaland is well established, and existed for centuries, long before the introduction of Christianity. While Islam had not become a dominant religion in Yorubaland, large populations existed in some areas. In many towns throughout Yorubaland, Muslim populations were integrated and accepted as part of the social fabric.

The case of healing among the Hausa people of Northern Nigeria provides insight into how Muslims blended indigenous healing with Islamic medicine. The Hausa were another dominant ethnicity in Nigeria, like the Yoruba were in the southwest. Although Hausaland is hundreds of miles away, migrations from Hausaland to Yorubaland continued throughout this colonial period.⁷² Muslim groups like the Fulani were present

⁷⁰ “Notes on Customs & Superstition of Indigenous Institutions” CSO 26 6076.

⁷¹ Personal interview of Chief Fatai Olojede, April, 2008. There is a need for greater research on Muslim Yoruba Traditional Healers.

⁷² Abner Cohen, *Custom & Politics in Urban Africa, a Study of Hausa Migrants in Yoruba Towns* (Berkeley: University of California Press, 1969).

in Yorubaland for centuries as well. In the case of the Hausa, certain areas of indigenous (*Maguzawa*) and Islamic medicine overlap, however, there were beliefs and practices the Hausa Muslims rejected (e.g. spirit possession).⁷³ The associated healing methods and ideologies of the indigenous and Islamic Hausa were expansive and most resembled what was found within Yoruba healing.

Common, noteworthy elements of Hausa medicine include herbalists and herb marketers, charms used to ward off evil (including Quran scrolls or tonics made from ‘holy’ ink), surgeries (i.e., incisions) preformed by barbers, lancing (burning away abscesses with hot metal), and prophetic medicine via the *Mallams* (Islamic priest/prayer leaders). Among the Hausa, some of the most highly regarded healers were the midwives and the bonesetters.⁷⁴ Lewis Wall lists “themes in Hausa medicine,”⁷⁵ which included secrets and power, hot and cold, flavors (sweet, sour, bitter, salt), strength and toughness, shape and texture. Examining how much Muslims accepted indigenous Hausa healing indicates how it was that Yoruba healers were able to maintain a Muslim identity at the same time as they embraced indigenous Yoruba healing ways. Oral history interviews among Muslim healers reveals that they consider themselves to be Yoruba healers who were of the Islamic faith. They incorporate Yoruba cosmology, though their terminology describes Yoruba spiritual aspects vaguely and in alignment with (African) Islam.

⁷³ L. Lewis Wall, *Hausa Medicine: Illness and Well-Being in a West African Culture* (Durham: Duke University Press, 1988).

⁷⁴ Ibid, 228-229.

⁷⁵ Ibid, 293-313.

Christianity and Yoruba Healing

For the most part Christians in Yorubaland were antagonistic to Yoruba healing. While almost all denominations of Christianity were vaguely opposed to Yoruba healing, there were both healers and clients of Yoruba medicine who maintained Christian identities with indigenous affiliations, despite their churches' aversion to many indigenous ways. Mr. Adeboje, a devout Anglican Christian explains,

I was baptized in 1955. But, due to the pressure from my father, he said I should lay emphasis more on this [Yoruba healing] than any other arena...Many reverends have been coming to me to preach ...The herbalist, they know God. They believe in God. They call him by their own name...And without him your preparation will not work! The reason why I go [became a Christian is]...When you are praying it does not take time, it doesn't take time for God to answer you. But when you want to prepare something, you want to prepare herbs, it will take time...[After years he realized] It's an insight—the practice [of Yoruba healing] is a passport to God. You can communicate.⁷⁶

Scores of other Yoruba healers in this colonial period converted to Christianity and simultaneously maintained healing.

There were some independent churches that arose in this colonial period that did incorporate aspects of Yoruba belief, including certain elements of Yoruba healing modes. The Aladura was most impactful independent church movement in southwestern Nigeria of between 1922 and 1955, and it affected the state of western medicine in Yorubaland. One CMS Anglican missionary plainly stated that it was the Aladura movement that caused them to establish medical works in the region.⁷⁷ Conversely, the Aladura impact on Yoruba healing did not incite the same tremendous flurry of competition. Nonetheless, the Aladura movement did inspire many Yoruba healers to convert to Christianity while retaining allegiance to the Yoruba healing profession.

⁷⁶ Personal interview of Olusegun Adeboje, August, 2001.

⁷⁷ "Correspondence" CMS Archive, Medical Department M/Y A2 1918-1949 (1948).

The Aladura were prayer churches that focused on healing. In 1918 Daddy Ali, a gardener for an Ijebu Ode church in Yorubaland had a dream that revealed to him people need to rely on faith, not western medicine to combat illness. The Precious Stone Association, or the *Egbe Okuta Iyebiye*, formed around this revelation. In the 1920s this association departed from the Anglican Church and began an affiliation with the Faith Tabernacle Church of Philadelphia for some years, and since then the Aladura resembled Holiness and Pentecostal movements.⁷⁸ In 1941, the association became the Christ Apostolic Church, as the movement spread all over Nigeria and eventually to various places throughout the world.

The emergence of this movement aligns with colonial-period epidemics, and the healing dimension of this association-turned-church was strong.⁷⁹ As with many other independent African churches, indigenous cultural elements featured prominently in the establishment's philosophy. In the case of the Aladura, portions of Yoruba religion and health concepts and rituals were outstanding. As Benjamin Ray observes: "Aladura churches retained two fundamental elements [of Yoruba traditions]: the belief in invisible spiritual forces, especially malevolent spiritual powers, and the belief in the efficacy of ritual action."⁸⁰ Though these aspects of Yoruba religion and healing were general and found in multiple religious and healing systems, the Aladura instituted these beliefs and practices with the knowledge of Yoruba indigenous ways and used the Bible for instruction and verification to reinforce aspects of the Yoruba beliefs that they employed.

⁷⁸ D. H. Crumbley, "On Being First: Dogma, Disease and Domination in the Rise of an African Church," *Religion* 30, no. 2 (2000), 176.

⁷⁹ Ibid.

⁸⁰ Benjamin C. Ray, "Aladura Christianity: A Yoruba Religion," *Journal of Religion in Africa* 23, no. 3 (1993), 268.

The “ritual action” among the Aladura came mostly in the form of prayer, however, other dimensions also related strongly to Yoruba approaches. While the Aladura rejected divination and sacrifice, they sought the holistic *alaafia* or peace, health and prosperity that Yoruba indigenous practitioners sought and used spiritually oriented rituals to obtain the good things in life.⁸¹ The Aladura used ‘efficacious prayer,’ fasting and other forms of personal physical cleansings as healing methods. As with Yoruba, *ase* or power, particularly with words, the prayers of the Aladura were meant to have transformative effect in the physical world.⁸² Furthermore, healing through cleansing for the Aladura came in the form of bathing and/or drinking holy water.⁸³

The Aladura’s retention of the Yoruba belief in evil spirits and human acts of spiritual malevolency was part of the allure and challenge of this movement. Their focus on this belief did not mean the automatic co-optation of followers from Yoruba healing, as scholars have suggested.⁸⁴ In fact, this reinforcement of the need to combat evil practices strengthened the Yoruba healing system, which historically fought this battle, although the Aladura offered alternative ways to destroy evil. There is no evidence that Yoruba healing declined because the Aladura presented additional options.

By the late 1940s and 1950s there were even some friendly relations between Yoruba healers and the Aladura. Yoruba healers did not fear or feel an excessive need to compete with the Aladura as the other Christian denominations did. Maclean noted several times throughout her text that various Yoruba healers referred their patients to the

⁸¹ Ibid, 269.

⁸² Ibid, 279.

⁸³ Ibid, 278.

⁸⁴ Crumbley, "On Being First: Dogma, Disease and Domination in the Rise of an African Church," 172; Ray, "Aladura Christianity: A Yoruba Religion," 268.

Aladura for healing when necessary. Furthermore, there were healers who became members of the Aladura churches and eventually returned to Yoruba healing. Aladura healing elements such as use of dreams, visions and prophecies sometimes stimulated the recommitment to Yoruba healing. The *Yeye* of Lagos stated that in her early adulthood she was with the Aladura church and she became blind with crippled legs, and a prophet told her she must go back to her traditions in the ways of *Osun* in order to heal. Today, in her 80s she has no visible impairments, and the energy, healthiness and abilities of someone half her age.

Aladura faith healing spread rapidly in the 1922-1955 period, because as Crumbley observed, this group “mediated the conflict between Yoruba and Christian religious traditions under colonial domination.”⁸⁵ However, for many, healing through faith alone was not enough. Nevertheless, despite the fact that religious plurality flourished on an unprecedented level between 1922 and 1955, many still placed confidence in Yoruba religion, especially because it offered holistic healing that went beyond a basis of faith.

Conclusion

The Yoruba healing system was historically intertwined with the Yoruba religion. However, there were various types of Yoruba healers within and outside of the Yoruba religion. The array of Yoruba healers, i.e., priests of *Ifa* and priests of *Osayin*, or hunters and farmers, were at times antagonistic toward each other. Between 1922-1955 healers converted to Christianity and to Islam on an unprecedented scale, although these were

⁸⁵ Crumbley, "On Being First: Dogma, Disease and Domination in the Rise of an African Church," 180.

still only a minority of healers. Additionally, the Aladura church, which spread in the 1940s, in some instances complemented the Yoruba healing system via a reciprocal referral process.

The element of Yoruba healing that allowed for healers of all religions to operate within the Yoruba healing system was a universal cultural subscription to a strong relationship between the supernatural world and the health of individuals. For example, *iriron* 'medicine to have second sight, enabling one to see what cannot be seen by naked eyes,' was employed to keep people alive and healthy for instance, to avoid poisons. The next chapter discusses how the evil aspects of the Yoruba supernatural world were addressed between 1922 and 1955.

Chapter Six

Yoruba Spiritual Healing: Containing Spiritual Malevolency

This chapter examines how the Yoruba contained spiritual malevolency from 1922 to 1955. In the Yoruba context, to understand how malevolency was contained one must consider the evil side of healing and/or evil supernatural beliefs, practices and encounters, as well as forces that relate to evil, both good and bad. Therefore, the positive aspects that helped to contain evil in relation to healing are addressed in this chapter as well. Nevertheless, an important concern of this chapter is the focus on how the Yoruba addressed malevolent philosophies, approaches and results. Wicked forces and occurrences were often described as existing outside of the system of the Yoruba's healing and were considered exterior components of the Yoruba's religion(s) as well.

Evil realities were serious issues that healers contended and engaged with. There was a pan-African colonial reality of an increase in social anxiety, and thus greater concerns over suffering as the result of malevolent behavior spiritual in origin. A c. 1930 colonial report stated: "The chief raison d'être for the belief in witchcraft is that it offers an explanation for the fact that misfortune may befall a society or individual whose conscience is clear so far as the supernatural world of gods, spirits and ancestors is concerned."¹ In this context, the responsibility of Yoruba healing as the force against evil among the Yoruba is addressed in this chapter. Specifically, the sections are:

Contextualizing Evil in Africa and Abroad, Mysterious Powerful Spirits and the Great Mothers as Healers, Spiritually Malevolent Activities in Colonial Yorubaland, Social

¹ Mr. K. Dewar, "Notes on Witchcraft," Abeokuta Provincial Office, District 2, 595.

Programs to Contain Spiritual Malevolency, Colonial Laws and Evil Practices, and The Atinga Movement.

Contextualizing Evil in Africa and Abroad

Questions of distortion, appropriateness of terminology and accuracy of description are relevant to any discussion about spiritually oriented evil in Africa. As Barry Hallen and S. Sodipo explain, western scholars writing “their expositions and analyses of the alien ideas in non-alien languages”² posed barriers to fully comprehending the African indigenous concepts and have habitually used the term “witchcraft” to discuss African beliefs of spiritual malevolency. For instance, the Yoruba word *aje* is typically translated as “witches,” but this English translation does not capture the benevolent side of these spiritual beings.³ Between 1922 and 1955, Yoruba laymen and healers acquired and used translated terms and concepts in ways that both challenged and reinforced western analyses. Just as was the case with “witchcraft,” many places had no equivalent to what was recognized as “the devil” or even full scale spiritual embodiments of evil.⁴ Various African cultures accepted loaded European terms to describe diabolical intentions and malevolent dispositions through human practice or from spiritual entities.⁵

European and American Christians accused nonbelievers and persons that were not submissive to church authority of having beliefs that were evil. In the context of the

² B. Hallen and J. O. Sodipo, *Knowledge, Belief & Witchcraft, Analytic Experiments in African Philosophy* (London, Ethnographica, 1986), 15.

³ Ifayemi Elebuibon, *Invisible Powers of the Metaphysical World: A Peep Into the World of Witches* (Ibadan: Nigeria: Creative Books, 2008), x-xii and Diedre Badejo, *Osun Seegesi: The Elegant Deity of Wealth, Power, and Femininity* (Trenton, N.J.: Africa World Press, 1996), 75.

⁴ Edward Geoffrey Parrinder, *Witchcraft, European and African* (London, Faber, 1963), 131.

⁵ Ibid, 15.

church, the idea of spiritual beliefs outside of Christianity was always negative and malicious. The missionaries' of colonial Africa interpreted the assorted African concepts of evil as superstitions and as further evidence that Africans had no worthy sense of spirituality. Some scholars have argued that certain concepts and/or labels for evil were European imports and impositions upon various African societies.⁶ However, various Yoruba concepts of spiritual malevolency were present long before European arrival.

Prior to 1922 and until 1955 local communities of various African people embraced monotheistic religions while retaining their indigenous spiritual beliefs.⁷ In the case of Islam, indigenous evil forces often were recognized and accepted as part of reality, and as additions to the Islamic forces. Also, Muslims did not typically campaign to provide substitutions for local malevolent concepts.⁸ However, the situation was different with Christianity, where 'the devil' and any biblical descriptions thereof, was suppose to replace indigenous philosophies of evil. Nonetheless, as Jomo Kenyatta explains, Christian Africans did not necessarily give up their beliefs and practices when adopting other religions. He references the Kikuyu, whose medicine men were used to contain spiritual malevolency.⁹

In many African societies, chance and misfortune were thought to be rare because spiritual ramifications for broken obligations or anti-social behaviors and emotions were

⁶ Teresa N. Washington, *Our Mothers, Our Powers, Our Texts , Manifestations of Aje in Africana Literature*, Blacks in the Diaspora (Bloomington, Indiana University Press, 2005), 5-6.

⁷ Rosalind I. J. Hackett, *Religion in Calabar , The Religious Life and History of a Nigerian Town* (Berlin , New York, Mouton de Gruyter, 1989) and MacGaffey, *Modern Kongo Prophets: Religion in a Plural Society* (Bloomington: Indiana University Press, 1983) discuss this.

⁸ L. Lewis Wall, *Hausa Medicine: Illness and Well-Being in a West African Culture* (Durham: Duke University Press, 1988),184.

⁹ Jomo Kenyatta, *Facing Mount Kenya, The Tribal Life of the Gikuyu* (New York, Vintage Books, 1965).

seen as the cause of suffering. In fact, “evil was defined as that which destroyed life, health, fertility and prosperity,”¹⁰ and was often blamed for these undesirable circumstances.



This circa 1930 Nigerian “snake charmer” may have been considered ‘evil’ among Europeans.
Figure 6.1.

Nonetheless, African people used different means to interpret, re-inscribe and defy colonial and missionary activities. While colonialism generated social and personal disruptions that stimulated Africans to blame evil forces as the causes, Africans also freely conversed about spiritual malevolency to scare Europeans and to resist their presence. Thus, while Africans adopted some European concepts, they also impressed their own ideas on Europeans.

Nuanced examinations of Yoruba ideals of spiritual malevolency correlate with what Mr. Dewar describes in his colonial report:

One of the main difficulties presented to the Administration by the magico-religious beliefs [of Africans]...is that however clear the distinction, in theory, between good and

¹⁰ Richard Gray, *Black Christians and White Missionaries* (New Haven, Yale University Press, 1990), 5.

¹¹ Photo from the special collections at the University of Birmingham. CMS Unofficial Papers, Acc 233 F10/1-103 1860-1930. Figure 6.1.

evil magic, in practice the two are inextricable mingled...most communities...use different terms to denote (i) the witch who specialises [sic] in “black” magic and (ii) medicine man who specialises in “white” magic and (iii) the priest who specialises in religion supported by “white” magic...Yet, in practice, the witches, though bad, are not wholly bad and, deriving their power from the same source, may sometimes, though possibly merely from mercenary motives, use it for beneficent purpose, while the priest [or healers] for reasons of gain, revenge, or prestige often calls in the aid of witches or himself dabbles in witchcraft. Paradoxical though it may sound, this confusion is often most marked in societies in which definite anti-witch organizations or witch-doctors exist.¹²

There was an interconnected and various non-polarized views of evil practices and how to contain spiritual malevolency. This assessment report illustrates that these were part of the complexities healers dealt with between 1922-1955 that kept Yoruba people committed to Yoruba healing.

The terms “magic,” “witches,” “witch-doctors” and the like, used in Dewar’s report were common terms used by colonialists and academics. However, while Africans all over the continent, including many Yoruba, fully embraced such terms, Yoruba healers and Yoruba priests did not completely accept these labels because European, not African perspectives were invoked. As Yoruba priest-healer Chief Elebuibon notes in his book *Invisible Powers Of The Metaphysical World: A Peep Into The World Of Witches*, “The westernized African is, to say the least, culturally confused and politically unstable, grossly ignorant of his traditions while at the same time inadequate in the borrowed western ways. The notion and practice of witchcraft demonstrate this defect.”¹³

Likewise, the term witch-doctor was extremely limiting, and in several if not most African societies the indigenous doctor or priest who would provide beneficent medicine did not only concern themselves with problems stemming from metaphysical

¹² Mr. K. Dewar, “Notes on Witchcraft,” Abeokuta Provincial Office, District 2, 595.

¹³ Elebuibon, *Invisible Powers Of The Metaphysical World: A Peep Into The World Of Witches*, xiii.

malevolency...their repertoires were much more expansive. Additionally, such a title was not considered prestigious because a reputable healer would not want a title that inextricably linked them to evil practices. Therefore, Africans did not adopt the term “witch-doctors” for their own use because it was inappropriate, potentially degrading and most certainly too restrictive.

The Yoruba recognized that there was a body of spiritual entities that operated metaphysically yet were not considered part of the Yoruba religious system. The *ajogun* or ‘the invisible enemies of humankind.’ Enemies that were found in the ancient *odus*, or Yoruba spiritual texts included: “*iku* (death), *arun* (disease), *ofo* (loss), *egba* (paralysis), *oran* (big trouble), *epe* (curse), *ewon* (imprisonment), [and] *ese* (affliction).”¹⁴

Undoubtedly, the Yoruba sought to avoid untimely or undeserved infliction of any of these issues upon them. All of these issues were the type of problems that were resolved through Yoruba healing methods, regardless of the religious orientation of the healer or client. Chief Olojede stated, “supernatural sicknesses cannot be treated medically. Nightmares and irregular pregnancy and many more of the spiritual problems cannot be treated medically,” but needed the expertise of Yoruba healers.¹⁵ Additionally, there was one set of invisible beings, the *aje* (mysterious powerful spirits) that were considered, at times, enemies of humankind, but also provided benefits to humankind through life enhancing measures.

¹⁴ Kola Abimbola, *Yoruba Culture: A Philosophical Account* (Birmingham, UK: Iroko Academic Publishers, 2006), 49.

¹⁵ Personal interview of Chief Fatai Olojede, April, 2008.

Mysterious Powerful Spirits and the Great Mothers as Healers

The forces that were associated with harm and healing simultaneously in Yoruba culture were also associated with female spiritual energies and certain human women. The Yoruba terminology to describe these beings includes: *Aje, Iya Mi Osoronga, Eleye, Agbalagba, Awon Iya, Iya nla* among others. One will notice that “*Iya*,” meaning mother, is a common reference in many of these terms. Thus in Yorubaland, the idea of ‘mysterious powerful spirits’ was associated with ‘mothers,’ figuratively and literally. At the same time, men had or used these powers also. However, when men practiced mischievous or mysterious medicine they were called *oso* or *oloogun* in the Yoruba language.

The fact that these forces, spiritual and human were outside of, but were addressed through, the Yoruba’s religious system, facilitated the Muslim and Christian Yoruba people’s acceptance of the great mothers; however, many non-healing monotheist defined them as a purely evil genre. Thus, the great mothers maintained a pervasive presence despite any individuals or community’s religious orientation.¹⁶ The continued yet transforming existence of the mysterious powerful spirits/great mothers during this period, permitted the practice of Yoruba medicine to abound because Yoruba healers had a myriad of ways to address these forces.

The mysterious powerful spirits, or the Yoruba *aje*, were energies that implemented beneficial and evil outcomes. The spirits of the great mothers acquired their

¹⁶ Morton-Williams, "The Atinga Cult among the South-Western Yoruba: A Sociological Analysis of a Witch-Finding Movement," *Bulletin de l'Institut Francais d'Afrique noire. Series B, Sciences Humaines*. 18 (1956), 49.

powers as positive and negative forces of the universe directly from God.¹⁷ However, the people in Yoruba society, who exhibited its power gained access through ways that differed greatly from Yoruba religious or Yoruba healing training. Humans who were considered *aje*—usually women, generally did “not receive training or serve apprenticeships.”¹⁸ These were considerably distinguishing factors between the human *aje*, priests and healers. This perspective can be confusing when considering that the *adahunse* was divinely given healing abilities. Furthermore, there was the fact that ‘*oso*’ must learn their recipes and do not necessarily have innate, mysterious powers. Lay people during this period simplistically reconciled these ideas indicating that what distinguished human *aje* and *oso* from priests (*olorisa*) and healers (*onisekun*) was that the former were just plainly nefarious.

With social misfortunes on the rise in this colonial period, Yoruba citizens’ fear of being cursed through evil practices escalated between 1922 and 1955. Two things simultaneously occurred as a result of this increased fear: 1) Among the general public, the definition of humans having *aje* became more synonymous with pure evil intent; and 2) Healers acquired more business regarding human suffering due to spiritual malevolency. Because the public perception of *aje* was that it was completely diabolical, healers accordingly accommodated such images. Healers, while responding to their constituency, were aware that spiritual forces of *aje* or *awon iya* operated just as easily as

¹⁷ Washington, *Our Mothers, Our Powers, Our Texts, Manifestations of Aje in Africana Literature*, 14.

¹⁸ George E. Simpson, *Yoruba Religion and Medicine in Ibadan* (Ibadan, Nigeria: Ibadan University Press, 1980), 76.

their allies. Thus, the humans who used *aje* for evil purposes were the ones that healers sought to address.

Healers were also motivated to take a clear stance against spiritual malevolency because of colonial loathing of such concepts, beliefs and practices. The African Council of Herbal Physicians made it plain that:

No member of the Council shall practise or have anything whatsoever to do with conjuring or any form of tricks or deception for the purpose of gain or otherwise or of what is known as “Aje” or other such like arts, charms and devices which are regarded by Law or in the Criminal Code as illegal.¹⁹

Although healers were forced to publicly and privately reconcile the duality of mysterious powers among the Yoruba in slightly new ways, they helped to preserve the positive and negative understanding of *aje* in Yorubaland, by working with and against these forces. The great mothers were known as the power behind healing medicines, and healers did not forget this. Yet, there were many people who sought to inflict evil upon others via supernatural means.

The spiritual entities known as *aje* or *iya mi* provided the “life force”²⁰ that allowed Yoruba medicine to be effective. As Chief Erelu stated the “traditional healers and *Aje* work hand-in-hand, the *Aje* are the ones who makes herbs work. If one provides whatever one is asked to bring, one will be healed.”²¹ To take the perspective of Hallen and Sodipo, systems of evil were real in Yorubaland, however the positive and benevolent dimensions of *aje* has been underrepresented in the written record. It should be noted there were multiple versions of the term *aje* and different ones used in the

¹⁹ “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

²⁰ Washington, *Our Mothers, Our Powers, Our Texts, Manifestations of Aje in Africana Literature*, 4.

²¹ Personal interview of Chief Erelu (Onisegun Awo) Odua, April, 2008.

Yoruba spiritual context. Chief Odua reveals that, “We worship *Osa Aje* in our family...Whoever is poor, whose business is not moving on fine, if he worships *Aje*, the person will be prosperous...*Aje* chieftaincy title belongs to my family.”²² In this case, *aje* refers to a divinity of financial success.

The spirit of *aje* also existed within some humans. Thus, humans were also *aje* and used their powers for good or evil. The spirit of *aje* was believed to be inherited biologically or was acquired.²³ An exceptionally psychic or outstandingly supernaturally talented person was considered to possess *aje*.²⁴ Therefore, Yoruba healers, priests, as well as various older women were, at times, thought to have this power. In fact, Chief Odua, who has *aje* in her family line provides an example of how using *aje* for good or evil was a choice. She notes:

My grandfather did not give birth to many children because he had too many bad charms which, did not allow him to have too many children. He married nine wives and gave birth to three children, and these were born by two wives. A wife gave birth two children and another wife gave birth to one child...In ancient times, if one offends those elder [ancestors and great mother spirits] then they will not want to forgive them, in fact it was because of the bad charms...and the tough charms he possessed was what was killing his children...We were taught when we were young not to use bad charms because we heard that our fore-fathers who used it then did not end up well. Their lives were miserable, so we were taught not to do it.²⁵

Healers who had positive *aje*, often were secretive about it, typically not admitting to being such. Besides the obvious confusion the general public and the colonialists would have because of the widespread view of *aje* as evil, Hallen and Sodipo explain that there were additional important reasons the good *aje* could not expose

²² Ibid.

²³ Prince, "The Yoruba Image of the Witch," *The British Journal of Psychiatry* 107, no. 449 (1961), 797.

²⁴ Hallen and Sodipo, *Knowledge, Belief & Witchcraft, Analytic Experiments in African Philosophy*, 104-5.

²⁵ Personal interview of Chief Erelu (Onisegun Awo) Odua, April, 2008.

themselves or promote the benevolence of *aje* too much. These reasons included: those with such power have great responsibility that ordinary people wouldn't understand nor likely appreciate; also since the power source cannot be taught only inherited or acquired it generated fear [and/or resentment].²⁶ Furthermore, if a benevolent *aje* passed this power onto the wrong person it could have been easily misused. Lastly, if a powerful person made no claims of greatness, they could avoid blame if a mistake occurred.

The idea of “great mothers” was that these ‘motherly’ forces were ‘great’ because of their abilities and command. In fact, it was the capacity to reproduce life that empowered women.²⁷ The Yoruba’s historical association of mysterious power with mothers provides further evidence of the healing abilities of women between 1922 and 1955 that has not been accurately represented in the recorded archival texts. Recently, there has been an academic recognition that women as healers across the globe represented more aspects of healing than just midwifery and ritual specialists.²⁸ Although this dissertation reviewed Yoruba women who functioned as healers through midwifery, religion, marketing and as classic consultants, motherhood among the Yoruba was another area in which Yoruba women exhibited healing skills.

Motherhood in Yoruba culture was the most esteemed position a woman could obtain.²⁹ This status coupled with the supreme importance the Yoruba placed on those mature in age, elder mothers were regarded as some of society’s most powerful people,

²⁶ Hallen and Sodipo, *Knowledge, Belief & Witchcraft, Analytic Experiments in African Philosophy*, 116.

²⁷ Badejo, *Osun Seegesi: The Elegant Deity of Wealth, Power, and Femininity*, 79.

²⁸ McClain, *Women as Healers: Cross-Cultural Perspectives* (New Brunswick: Rutgers University Press, 1989) and Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations*, (Chapel Hill: University of North Carolina Press, 2002).

²⁹ T. Makinde, "Motherhood as a Source of Empowerment of Women in Yoruba Culture," *Nordic Journal of African Studies* 13, no. 2 (2004), 165.

especially because they were known to have exceptional wisdom of the mundane and metaphysical world. Though males dominated public life, Yoruba women's unrivaled influence over their offspring as youth and adults, meant their social authority, though decentralized was extraordinary and complete; because everyone has a mother. The spiritual entities known as 'great mothers' were considered as occupying the same type of unregulated power. It was even been assessed that their offspring were the divinities of the Yoruba religious system and the spiritual forces of the earthly elements³⁰ (i.e., herbs), thus holding a command that pertains to anyone who seeks to deal with the supernatural.

Chief Aragberin, observed, "one must have a dependable mother as one's confidant because one cannot practice the traditional healing job without [them]... We work together as one... If I am having some difficulties and I told them about it, they will give me some herbs and explain the usage and if I obey, there will be healing. Though they practice independently and individually..." The Iyaloja Oyebisi, a Muslim healer, noted in response to healing people supernaturally "We usually pray with the elder mothers on their [the patient's] behalf so that they can be healed of problems."³¹ Oral history interviewees learned to respect 'the mothers/elders,' the *iya awon*, from their parents. Maclean interviewed 100 healers and discovered that healers clearly stated that "our mothers," "the witches help us prepare our medicines...[and] are the bones behind our treatments."³²

³⁰ Noted in a 2007 personal conversation with Iyanifa Aina Olomo, author of *The Core of Fire: A Path to Yoruba Spiritual Activism* (Brooklyn, NY, Athelia Henrietta Press, 2002), Washington, *Our Mothers, Our Powers, Our Texts, Manifestations of Aje in Africana Literature*, 35-51 discusses how the *Orisa* (divinities) 'have *aje*,' and argues the relationship of the great mothers to the earth.

³¹ Personal interview of Mulili Atu Oyebisi (Iyaloja), April, 2008.

³² Una Maclean, *Magical Medicine: A Nigerian Case-Study* (London: Allen Lane, 1971), 81.

Healers across Yorubaland had cases in which they helped women with problems from spiritual malevolency relating to birth, where the great mothers gave assistance.

Chief Aragberin recalls:

There was one woman who had been pregnant for 3 years, whom was brought to me and I healed her. And her family battled with me because I healed the woman...After I healed this woman I became sick for the next two months because I healed this woman. The woman's family was responsible for my illness. I gave her some medicines to mix with pap and other medicines to use. After a while she gave birth to the baby...Her case was supernatural. But men are more powerful than themselves, so I consulted the elders/mothers and we healed this woman.³³

Spiritually Malevolent Activities in Colonial Yorubaland

Systems of evil and the application of medicine for malevolent purposes were certainly present in Yorubaland during the 1922-1955 period. Healers fought spiritual malevolency, in part, because forces of evil were the ones that made indigenous medicine ineffective.³⁴ Furthermore, it was commonly believed that evil practices and/or malevolent medicine were the cause of various reproductive, psychiatric, and prosperity problems.³⁵ Healers, of course, sought to cure these types of issues and thus, had to simultaneously appeal to the benevolence of mysterious spiritual beings, and battle evils that attempted to sap their medicines' efficacy, as well as help clients who suffered illness or misfortune as the result of any type of wicked intent or recipe.

³³ Personal interview of Chief Aragberin Edun Adebisi Omoyebi, April, 2008.

³⁴ Peter Dopamu, "The Practice of Magic and Medicine in Yoruba Traditional Religion" (Dissertation, University of Ibadan, 1977), 148; Drewals, *Gelede: Art and Female Power among the Yoruba* (Bloomington, IN: Indiana University Press, 1990).

³⁵ Prince, "The Yoruba Image of the Witch," 798.



Photo of an Ibadan, Nigeria healing market stall displaying skulls and other animal parts. These were common ingredients of evil medicines and the beneficent medicines to counteract evils of various kinds. Photo taken by the author, April, 2008. Figure 6.2.

In Yorubaland, descriptions of spiritual malevolency were similar to that of other cultures, especially English versions of evil “witchcraft.” Both cultures made frequent references to spiritually malevolent women: having the ability to fly, as cannibals (especially of their own children), and as having secret groups/networks that met at night to strengthen their activities. Teresa Washington depicts the sinister aspects of spiritual *aje* basically as forces that were to implement justice when necessary, even if cruelly.³⁶ The multitude of mostly male-authored literature on human Yoruba *aje* portrayed these select older women as intentional, covert, social menaces. On the other hand, Chief Elebuibon explains that they were both kind and cruel, as healers then knew.³⁷

³⁶ Washington, *Our Mothers, Our Powers, Our Texts, Manifestations of Aje in Africana Literature*, 29.

³⁷ Elebuibon, *Invisible Powers of the Metaphysical World: A Peep Into the World of Witches*.

There, in fact, existed persons who engaged in evil supernatural practices, though they were on the fringes of society.³⁸ This evil Yoruba woman was often powerless and bitter seeking recourse through implementation of evil, as a weapon of the weak.³⁹ Though these women were said to exercise their evil powers psychically and supernaturally, they sometimes used tangible natural recipes⁴⁰ i.e., from herbs and blood. However, the use of recipes was more commonly associated with *oso* or male practitioners of mysterious medicine. Delano in discussing the Yoruba's alleged evil elder women in the 1920s and 30s notes:

In 1925, in the streets of Lagos, I heard one old woman going about naming those whom she had killed by her witchcraft. The list was a long one, and among the victims whom I knew was a Catholic girl and a minister of religion, and both died in circumstances that aroused surprise and suspicion.⁴¹

A man being labeled as *aje* per se, was atypical. Nonetheless, men as evil practitioners, who were called by some as *oso* or *oloogun*, existed with equal frequency in this era. Dopamu describes the numerous distinctions between the two practitioners of evil. These differences were that: *oloogun* were conscious of actions, *aje* may not have been; *aje* could transform into animals (i.e., birds), *oloogun* did not; *aje* ate their victims, *oloogun* did not; *oloogun* had clients, *aje* could not be paid; *oloogun* could quit the business, *aje* would always do evil [or must be exorcised]; *oloogun* did not have organizations, *aje* did; *oloogun* was learned through apprenticing and training, but people inherited or acquired *aje* 'psychic malevolent power;' and *aje* could have been used to

³⁸ J. D. Y. Peel, "Gender in Yoruba Religious Change," *Journal of Religion in Africa* 32, no. 2 (2002), 136.

³⁹ Dopamu, "The Practice of Magic and Medicine in Yoruba Traditional Religion," 284.

⁴⁰ Morton-Williams, "The Atinga Cult among the South-Western Yoruba , A Sociological Analysis of a Witch-Finding Movement," 46.

⁴¹ Isaac O. Delano, *The Soul of Nigeria* (London: Werner, 1937), 98.

help family, while *oloogun* was always bad.⁴² Given the traits of *oloogun* nothing prevented women from being *oloogun* as well. Therefore, the male-female dichotomy of *aje* and *oloogun* was not rigid, nor completely fixed.

Many types of evil recipes were applied in Yorubaland. The *Oloogun* who practiced evil medicine were contracted to implement particular deeds intended to physically or mentally disable another human, either temporarily or permanently. An individual's health, social relationships, trade and fortune were frequent targets of evil deeds. The multitude of evil medicines kept Yoruba healers with robust business between 1922-1955. The evil recipes were not fool proof and did not always work. Dopamu notes that evil medicine failed for a variety of reasons including: medicinal protection, incorrect preparation of recipes, karmic and spiritual protection, and at times, refusal of the *oloogun* to do the job or honor the request. Likewise, Mr. Adeboje observed, "When you are practicing material herbalism...[positively] you will succeed. But, if you dabble into another type, like saying 'I want to kill this man,' for evil purposes, you will not survive."⁴³ In the multitude of cases where the evil recipes did work, it was the job of healers to implement antidotes (*ero*) to these recipes. Dopamu details many of these concoctions, poisons, charms and spells, paraphrased in table 6.a and simply listed as "recipes."⁴⁴

⁴² Dopamu, "The Practice of Magic and Medicine in Yoruba Traditional Religion," 29-31.

⁴³ Personal interview of Olusegun Adeboje, August, 2001.

⁴⁴ Dopamu, "The Practice of Magic and Medicine in Yoruba Traditional Religion," 678-683.

Table 6.a⁴⁵

	Yoruba Categories for Evil Recipes	Function
1	<i>Abilu</i>	Recipe used to harm an enemy, drastically effecting their fortune.
2	<i>Agbadaagodo/Akaraba</i>	Recipe of "padlock" to prevent a person from doing something.
3	<i>Agbano</i>	Recipe to prevent one from saving money.
4	<i>Alusare</i>	Recipe used to make a victim run around like their insane.
5	<i>Alusubu or Subsere</i>	Recipe causing one to fall and unable to get up.
6	<i>Aluwo</i>	Recipe to disempower a person.
7	<i>Anobo</i>	Recipe used to have money boomerang back to a customer, seller loses the money.
8	<i>Apeta</i>	Invocation shooting, or soul shooting resulting in death.
9	<i>Ayogo</i>	Recipe used to remove a person from society.
10	<i>Boreje</i>	Recipe to spoil a friendship.
11	<i>Dide oyun mo obinrin ninu</i>	Recipe used to prevent a pregnant woman from delivering.
12	<i>Efun</i>	Recipe used to make one act abnormal and dangerous.
13	<i>Epe</i>	Curse. Believed to be a major cause for insanity.
14	<i>Ete</i>	Recipe to inflict leprosy.
15	<i>Fojufoju</i>	Recipe to inflict blindness.
16	<i>Igunto/Tito si ara</i>	Recipe to harm one through urine.
17	<i>Ilase</i>	Recipe to harm through footprint, especially giving elephantitis.
18	<i>Ileegbono</i>	Recipe to spread small-pox.
19	<i>Ironsi</i>	Harming an individual through agent of contact (i.e., animal or spirit).
20	<i>Isasi</i>	Recipe to make one act violent.
21	<i>Jija Ole</i>	Recipe to make one compulsively steal.
22	<i>Kikon Eniyon Mole</i>	Recipe used to keep a person, especially wives not to leave their husbands.
23	<i>Ki Obinrin maa run</i>	Recipe so that a woman has an offensive odor, and will not attract a husband.
24	<i>Ki obirin bi</i>	Recipe to make a woman vomit violently if cheats on husband.
25	<i>Kuruno</i>	Recipe to cause rashes.
26	<i>Magun</i>	Recipe to kill a spouse's adulterous partner.
27	<i>Okuta</i>	Recipe to make a persons merchandise not sell.
28	<i>Riron oyin</i>	Recipe to send bees to sting.
29	<i>Sise Ataare</i>	Harming via alligator pepper.
30	<i>Warapa</i>	Recipe to inflict epilepsy.

⁴⁵ Ibid.

Social Programs to Contain Spiritual Malevolency

Yoruba religious priests also provided antidotes to spiritually malevolent activities and evil medicine. The limited, particular ways that evil was associated with Yoruba religion, was for instance, that the divinities were suppose to protect devotees from the invisible enemies of humankind. The *odu* (scripts) of *Ifa* contained references and rules of engagement for all of the enemies of humankind. Chief Elebuibon reiterates multiple times that *Orisa Oko*, the divinity of the farm and the *Egungun*, the collective ancestors, were both strongly “opposed to witch craft,” thus their devotees worked against spiritual malevolency.⁴⁶ The farm divinity, *Oko* having such a strong aversion to evil was carried into healers’ practices, given that numerous healers were also farmers. Small pox practices of the *Saponna* sect were categorized in this period as evil because of a few corrupt priests covertly spreading the disease for selfish purposes. However, this was an exaggeration and distorted image resulting from colonial actions. The missionary adaptation of the divinity *Esu* to mean “the devil,” was undeserved and incorrect.

Esu was the divinity of the crossroads and overseer of proper action. In fact, Chief Odua states that “Esu and Aje work together,” for the benefit of humankind.⁴⁷ The records of this 1922 to 1955 period indicate that even common men used a version of *Esu* called *sigidi* for, what many considered evil purposes. Delano illustrates in the 1920s-30s he experienced that a “sigidi is made with clay in the form of a man, about a foot and a half high” it then needs to be “developed,” for a number of days, then in the case he knew

⁴⁶ Elebuibon, *Invisible Powers of the Metaphysical World: A Peep Into the World of Witches*, 34.

⁴⁷ Personal interview of Chief Erelu (Onisegun Awo) Odua, April, 2008.

of “the men go to the cemetery every day to perform certain ceremonies” for it.⁴⁸ In his witnessing the making and use of one, the *sigidi* went out in the night to carry out its mission to harm or kill, it was gone for two hours, but couldn’t complete its mission because “it could not cross a flowing stream. Lagos is an island.”⁴⁹ Delano, Dopamu and Fadipe indicate, that although *sigidi* was typically employed for the demise of an individual the intention of the owner of the *sigidi* may be good—using this *Esu* force as a defense mechanism against a person’s “enemies”.⁵⁰



Photo of c. 1930 *Esu* objects. This divinity works for the good of humans, yet Christians translated it as “the devil” because it played tricks and punished delinquent humans. Figure 6.3.⁵¹

Throughout the 1922-1955 colonial period, those openly accused of spiritual malevolency in Yorubaland were mostly women. While healers sought to appeal to

⁴⁸ Delano, *The Soul of Nigeria*, 100.

⁴⁹ Ibid, 101.

⁵⁰ N.A. Fadipe, *The Sociology of the Yoruba* (Ibadan University Press, 1970 (from 1939 Dissertation)), states on 299 *sigidi* was employed to kill enemies; Dopamu, “The Practice of Magic and Medicine in Yoruba Traditional Religion,” 176 says that *sigidi* is not evil.

⁵¹ Photo from the special collections at the University of Birmingham. CMS Unofficial Papers, Acc 233 F10/1-103 1860-1930. Figure 6.3.

colonial governments to control *oloogun*, there were few social programs that candidly addressed them. Healers did battle practitioners of evil medicine directly and sought to eliminate them. This was done through medicinal recipes—not typically through personal interactive levels. There also was the understanding that users of evil medicine would likely and eventually destroy themselves. On the other hand, the issue of *aje* was addressed publicly in a myriad of ways, beyond the private approaches of healers and priests. Since *aje* were thought to have an innate power that had divine backing, they were seen as a larger threat. “Trials by ordeal” operated through indigenous and foreign methods in this era.

Parrinder’s categories for types of the accused were all relevant to the Yoruba. In particular, accusations came from “kinship stresses and family jealousies,”⁵² as explanations for infant and youth mortality, to consign awkward or anti-social people, to resolve problems of unsettled communities and/or to satisfy the need for a scapegoat.⁵³ Undoubtedly, many of the accused were innocent and some were proven as such. Other women were unnecessarily abused or killed because of accusations and not because they actually were evil *aje*.

The associations of the *Oro* and *Ogboni* were predominately politically oriented, and also were exclusively or majority male. Fadipe observed:

Ogboni fraternity in every community felt the need of an expeditious and vigorous handling of certain classes of offences, disorders and crimes in the community, free of the paralyzing and distracting mysteries of the womenfolk. The result was the setting up of an organization with which the bull-roarer was associated as an object unknown to the women and likely to strike terror into them when agitated. When certain criminals had to be arrested and force had to be used on a scale with which women had to be forcible

⁵² Parrinder, *Witchcraft, European and African*, 193.

⁵³ Ibid, 193-202.

dragged from her home, or when devotees of the small-pox *orisa* had to be dealt with for contaminating wells and springs in their effort to spread the epidemic, a day was declared as set aside for Oro, during which women might not show themselves in the public on pain of death.⁵⁴

A c. 1930s colonial report also complained that *Oro* was used as a ‘terrorizing’ organization, although the intent was to eradicate social calamities.⁵⁵ These 1930s descriptions of *Oro* societies indicate that before movements such as the *Atingas* of the 1950s there were Yoruba communal ways of dealing with evil. Sadly, Fadipe’s description also illustrates excesses of colonial influences upon patriarchy on an already patriarchal society and how women became the intense object of blame for social ills.

Peel offers a perspective on the issue of male prosecution of spiritually malevolent women:

In general, one might say that while the legitimate taking of life was a matter for men (as warriors, hunters, sacrificers, executors of criminals and witches etc.), the most essential feature of women was that they gave life: motherhood was the supreme realization of their gender. The obscenity of witches was that they were women who killed; and their most characteristic target was other women, especially in the reproductive careers.⁵⁶

Practicing evil was thought to be a socially damaging abomination, in need of drastic measures to correct, therefore the torturous treatment. In this regard it could be argued that such brutality against women, was in defense of women.

In various parts of Yorubaland, the *Gelede* society celebrated and placated elder women and the *aje* spirits in order to show respect, in addition to implementing a protective strategy. Contrary to the pure fear and punishment tactics used by other organizations, as well as other anti-evil campaigns, *gelede* festivals sought to use positive

⁵⁴ Fadipe, *The Sociology of the Yoruba*, 249-250.

⁵⁵ “Notes on Customs & Superstition of Indigenous Institutions” CSO 26 6076.

⁵⁶ Peel, “Gender in Yoruba Religious Change,” 144.

acknowledgement and affirming reverence to engage in the reality of ‘great mothers’.⁵⁷

Women tended to be the majority of membership in *Gelede* societies since fertility was an essential aspect of womanhood. For instance, a woman who was unsuccessful in conceiving would have first been advised to “see an herbalist or diviner...[then] may be advised to join the *Gelede* society in order to win the goodwill of the *aje*, in case they are the cause of the problem.”⁵⁸

Colonial Laws and Evil Practices

Circa 1933 Mr. K. Dewar, an Assistant District Officer compiled a report entitled “Notes on Witchcraft,” which was widely circulated among the colonialists and likely the missionaries as well. This scholarly styled document provided all types colonizers with relevant insights into what was considered evil in Africa. It is clear that there was an attempt to generalize the concept of “witchcraft” and relate it to European and American dealings with the issue. As there was a “widespread intellectual predisposition to the universality of the witchcraft phenomenon.”⁵⁹ E. Evans-Pritchard’s *Witchcraft, Oracles and Magic among the Azande* of 1937 became a highly lauded academic work, which supposedly provided the most complete theoretical and functional model of the topic in Africa, since colonizers and scholars then applied it to all groups in Africa.

The issue of spiritual evil practices in Africa and particularly in Nigeria perplexed colonialists. How to handle accusations and trials of spiritual malevolency and evil medicine also referred to as “juju” by colonialists, became a source of great consideration

⁵⁷ Babatunde Lawal, *The Gelede Spectacle, Art, Gender, and Social Harmony in an African Culture* (Seattle, University of Washington Press, 1996).

⁵⁸ Ibid, 81.

⁵⁹ Hallen and Sodipo. *Knowledge, Belief & Witchcraft: Analytic Experiments in African Philosophy*, 91.

in the 1930s. Dewar's report aided discussions and decisions on colonial laws in the various British colonies. Therefore, he not only describes beliefs in evil from what his research determined to be an 'African perspective,' but he also noted suggestions on how he thought colonialists should engage the subject. He indicated that these matters needed to be taken seriously by colonial courts, but that trials should consist of solid evidence. He emphasized that the accused ought to be considered sympathetically since the motivations for accusation vary. Furthermore, he argued that the trial by ordeal—typically using sasswood, should be replaced with an oath.⁶⁰

Though trial by ordeal was prohibited, people in Yorubaland certainly used it to spot an evil, often female, practitioner. Minutes of an 'Ibadan Native Administration Inner Council' meeting on October 24, 1938 noted that a man accused his wife of adultery. Upon the husband's request, he and his wife both drink sasswood (*obo*). As a result the husband died and the wife lived. In response to this strange irony, the police arrested the seller, yet the king of Ibadan, or the *Olubadan* advocated for the continual legality of sasswood. The king acknowledged that the plant was always sold in markets and should not be prohibited, and its used for "making medicine for horses, spleen and many other kind of things" the seller was released with the warning to always ask people why they are buying sasswood.⁶¹ In 1936 "a woman, Oridere, was fined 1 pound for holding Obo bark in her hand."⁶² Sasswood was likely not the only plant (or tree) used in

⁶⁰ Mr. K. Dewar, "Notes on Witchcraft," Abeokuta Provincial Office, District 2, 595.

⁶¹ "Witch-craft or Juju cases Trial of by Native Courts Forbidden exception in minor cases," Oyo Province 1150.

⁶² "Witch-craft or Juju cases Trial of by Native Courts Forbidden exception in minor cases," Oyo Province 1150.

Yorubaland to reveal who an *aje* might be, for instance some healers used “*tiroo*.”⁶³

However, sassafras (*obo*) was the one that was most often mentioned because of its widespread use in West Africa and its common presence globally.

Colonial authorities in Yorubaland tended to agree with Dewar’s assessment of spiritual malevolency and evil medicine in Africa. One Oyo officer plainly stated he believes it was their job to slowly discourage beliefs in spiritually malevolent activities and evil medicine to “protect him [the African] against himself.”⁶⁴ This paternalistic attitude from largely Christian colonialists was one important reason that they would ‘entertain’ Nigerians. Colonialists allowed such cases to be heard in court for a while in Nigeria, because they believed they were taking a gradual approach in ‘helping the African’ to diminish the belief in such ‘superstitions.’ In the mid-1930’s the governor had lifted a ban and approved native courts to hear “witchcraft” cases in the southern province (inclusive of Yorubaland) but wanted reports, updates and general statistics on these cases.⁶⁵

Prior to the suspension of the prohibition on colonial native courts hearing cases of spiritual malevolency and evil medicine, indigenous people requested numerous times that these cases be heard. This was especially significant since the native courts were supposed to try cases concerning local Yoruba matters. On occasion the Yoruba brought such cases to the courts when permitted. In Ilesha, 1936, “a man Jewole was fined 10/- and ordered to pay 1 pound compensation to Folowosele on whose wife Subulade he was

⁶³ Simpson, *Yoruba Religion and Medicine in Ibadan*, 75. This may actually be a combination of substances.

⁶⁴ “Witch-craft or Juju cases Trial of by Native Courts Forbidden exception in minor cases,” Oyo Province 1150.

⁶⁵ Ibid.

found to have put ‘bad medicine.’”⁶⁶ Nevertheless, the number of Yoruba cases was low compared to other provinces. The Southern Secretary reported to the Chief Secretary on February 15, 1938, that in “the first ten months of 1937 there were nearly 900 such criminal cases [of “witchcraft”] in the Southern Provinces, of which only 38 were heard in the four Yoruba Provinces. Many of these were, however, of a very petty nature.”⁶⁷

There were several reasons why the Yoruba did not use the courts to resolve cases of spiritual malevolency and evil medicine as often as other groups. One reason was that a majority of people, despite indigenous inclusion, did not trust European structures to be able to resolve such issues, especially given that the colonialists only barely understood and typically did not believe in Yoruba spirituality. Additionally, the only possible outcome of court hearings was basic punishment for the accused (e.g. fines). Since death, slavery or lifetime imprisonments were not sentences colonial courts typically employed, the Yoruba knew that the courts would not adequately deal with an evil practitioner. Another reason was that the social repercussions that could result from a court case were not worth the risk, for instance, such a public accusation may cause inter-familial strife. The most important reason was that people used Yoruba medicine to resolve issues of evil practices. When evildoing occurred, courts offered no remedies to counteract the problem, and cures were the critical element in such circumstances. The victim needed relief from whatever the problem was i.e., infertility, illness or misfortune, that was created through spiritual malevolency and evil medicine. The healers offered this and the courts did not.

⁶⁶ Ibid.

⁶⁷ Ibid.

In the cases that the court did hear oaths were in fact taken by 1937 in various parts of Yorubaland. Bibles, Qurans and Ogun [the Yoruba divinity of metal, hunting and war] were used for swearing, and a person could choose if they wanted to swear or not. One district officer wrote that oaths were taken only “with the consent of the opposing party, and generally in adultery cases. Oftentimes, it is enough for a party to say he or she is prepared to take such an oath for the other party to give up his claim.”⁶⁸ This was likely another reason for the minimal number of such Yoruba court cases.

The Atinga Movement

Colonialists hoped that Yoruba beliefs and practices of spiritual malevolency and evil medicine would have died by the 1950s, but this did not happen—largely because of colonialism. One officer commenting on the Atinga movement in regret that it was not ‘dealt with earlier,’ noted: “There is, however, little hope of mobilising [sic] enlightened public opinion against such practices when many of the most highly placed, educated and influential members of the community believe implicitly in witchcraft and in the powers of Atinga to “smell it out.””⁶⁹ The Yoruba’s enthusiasm for this short-lived, but remarkable movement in many ways illustrated the sometimes ambiguous role of Yoruba healers. To date, there are very few revealing works written on the Atinga. For instance, in Peter Morton-Williams’ 1956 article “The Atinga Cult among the South-Western Yoruba: A Sociological Analysis of a Witch-Finding Movement,”⁷⁰ descriptions and interviewee information match that of the colonial record, however with greater, but not

⁶⁸ Ibid.

⁶⁹ “Witchcraft Oyo,” Oyo C226.

⁷⁰ Morton-Williams, “The Atinga Cult among the South-Western Yoruba: A Sociological Analysis of a Witch-Finding Movement.”

complete objectivity. Simpson, in *Yoruba Religion and Medicine in Ibadan* only briefly describes and analyzes the Atinga, nonetheless providing original insights. Apter's chapter "Atinga Revisited: Yoruba Witchcraft and the Cocoa Economy, 1950-1951" focuses on economics, while other scholars typically only make basic mention of the movement.

The Atinga was a foreign born movement, from Dahomey (Benin) via the Gold Coast (Ghana), during the late 1940's and early 1950's that sought to detect and correct spiritually malevolent practices. This movement among the Yoruba was called "*Alatinga*" or owners of the Atinga. These groups were traveling traders who specialized in luring out evildoers in any town they came to, as well as immediately curing the accused (who were almost exclusively older women). They did this by using practically standardized techniques. These nomads even taught locals their methods. First, they gained permission to stay in the town from a person of Yoruba authority. Once they were granted permission to operate, they then built mud altars at the base of a tree. "They destroyed many *baobab* and *iroko* trees on the ground that they harboured [sic] witches."⁷¹ Sacrifices and offerings (typically animals and kola nuts) were made and the drums would begin. Then:

The parties perform ritual dances, Dahomey in origin, singing Dahomey songs. Usually during the course of these dances some are seized with paroxysms and are laid aside. When they recover, a few hours later, they declare that a witch is found. She is brought to the witch hunters, here juju [religious] calabashes and whatnots are taken from her, she is washed and her head is shaved and she is released, made powerless by white magic. In all cases, they confess to having practiced witchcraft and having killed people.⁷²

⁷¹ Simpson, *Yoruba Religion and Medicine in Ibadan*, 79.

⁷² "Witchcraft Oyo," Oyo C226.

If an accused did not confess to being a witch they were “tested with an oracle.”⁷³

They were each required to bring a chicken, a half bottle of gin and fifteen shillings to the head of the Atinga at the site prepared on the edge of town...[After sacrifices and offerings] If it [the chicken] died on its back “facing heaven,” the woman was not a witch; if it died in any other position, she was a witch.⁷⁴

Those found guilty were to confess and be cleansed, those who did not confess were “tortured until they yielded.”⁷⁵

Various accounts point out the cruel ways in which the Atinga punished the accused women who did not easily confess. For instance, there were women who “have been bound and beaten and have had pepper put in their eyes and private parts, i.e., trial by ordeal...One of the women has had a finger severed.”⁷⁶ In another case, the Atinga “detected some witches, who admitted they were witches after being publicly flogged in the town,” and one woman died from the flogging.⁷⁷ A sad case happened when a woman’s own two children “dragged her to the Atingas and [she then said] that in their [her children’s] presence and with their active co-operation, the Atinga’s seriously dealt with her and inserted certain medicine into her private.”⁷⁸

If the wrong person was accused then the proceedings were sometimes stopped. In one situation, two chiefs’ wives were charged, and it was then Yoruba authorities worked to end the trials in that town.⁷⁹ At times, if the child of one of the accused

⁷³ Morton-Williams, "The Atinga Cult among the South-Western Yoruba: A Sociological Analysis of a Witch-Finding Movement," 46.

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ “Witchcraft Oyo,” Oyo C226.

⁷⁷ Ibid.

⁷⁸ “Atinga Cult” 1951-52, Ijebu Provincial office correspondence, 4011 volume 2.

⁷⁹ “Witchcraft Oyo,” Oyo C226 and “Atinga” 1951, Ibadan, 2905.

vehemently came to her defense, she may be excused from the ordeal.⁸⁰ Additionally, there was the option of joining the Atinga movement. Records indicate that many adolescents volunteered. These youth attempted to gain power in a society that often suppressed the young. Also some astute older women participated.⁸¹ Certainly people realized that being part of the group was a strategy to avoid becoming a target of the group.

The other “voluntary” reaction that women had upon being charged with spiritual malevolency was confession. Morton-Williams interviewed five women who confessed and obtained interesting results namely that: the majority of them had children who had died, none of them “voluntarily” became malevolent, and some did not know they were deviant before the arrival of the Atinga, and most of them said that they did not use evil on purpose. Reasonable assessments of these answers would be that if these women were representative of the types of women that were branded as spiritual malevolent by the Atinga, then there was little evidence to prove their guilt and these confessions were in fact involuntary.

The idea that women used spiritual malevolency or evil medicine on their husbands and children is strong within this particular anti-evil movement. Yoruba healers certainly handled such situations. In any instance healers’ processes of correcting evil may be lengthy and was certainly not done in public. The fact that accused women often had dead children would seem to put these women in an opposing position to the

⁸⁰ Morton-Williams, "The Atinga Cult among the South-Western Yoruba: A Sociological Analysis of a Witch-Finding Movement," 48.

⁸¹ Learned through personal communication with Dele Ajayi.

Yoruba healing institution, given the large focus on fertility medicine and life enhancing tonics. The Yoruba concept that evil women ate their children was a cultural idea that was not an outstanding concern to healers.

Authorities and lay-persons in town after Yoruba town invited, encouraged and even sought Atingas to visit and practice there, despite the colonial authorities' efforts to eradicate Atinga activities. Kings, chiefs and people of all kinds trusted in the efficacy of the Atinga. Although the length of stay of various groups of Atinga was only a few weeks at the most in the early part of 1951, many Yoruba people were convinced that they were extremely useful. One town would invite them to come because they heard of their success in a neighboring area, these testimonies were the source for the speed with which they spread.

Caretakers of communities and members of the public considered Atinga remedies to be "the science [of] anti-witch-craft which when proven have saved lives."⁸² Numerous supporters stated that thanks to Atinga activities small pox outbreaks ceased, babies were successfully born, and only natural deaths occurred, thus expressing that the primary concerns about the effects of evil doing were health issues. Since the Atinga were foreigners and temporary residents, they provided a special opportunity to address those persons in town that people generally believed to adversely affect the well-being of the population. These outsiders directly targeted a sensitive issue that the average Yoruba felt personally powerless against. Therefore, many Yoruba saw the Atinga as

⁸² "Witchcraft Oyo," Oyo C226.

instituting a permanent solution to a menacing problem without residual ill feelings that would happen with a fellow townsman's accusation.

While Yoruba medicine was still used and considered effective, it typically was not a permanent solution to spiritual malevolency and evil medicine. Though healers would fight evil and occasionally destroy human practitioners of spiritual malevolency for their clients or for themselves, these projects were not communal and herbalists would not publicly disempower these persons or groups. To some healers the Atinga's were seen as a complementary. There was even a case in which an herbalist hired the Atinga to come to a village.⁸³ Simpson notes that the Atinga medicine of kola nuts was "acceptable to most people—to Yoruba religionists, Atinga was a god to most Christians, an angel sent to help them."⁸⁴

It appears as though most Yoruba healers clandestinely disapproved of the Atinga group. One 1951 letter stated "the Dispenser, councillor [sic] and some iddlers [sic] who term themselves as Native Doctors have started to instigate the Bale [chief] not to cooperate with the choice of the entire taxpayers [to keep the Atinga]."⁸⁵ There were a multitude of reasons healers disliked the Atingas and too few reasons they might have embraced them. First, the idea that nomads could come and instantly eradicate what healers spent their careers dealing with seemed improbable. Second, healers may have viewed their methods too simplistic and potentially a fraud. Third, healers saw the Atinga activities as a spectacle that disregarded the code of 'keeping secrets' that

⁸³ "Atinga" 1951, Ibadan, 2905.

⁸⁴ Simpson, *Yoruba Religion and Medicine in Ibadan*, 79.

⁸⁵ "Atinga" 1951, Ibadan, 2905.

powerful people, such as healers most often employed. Fourth, healers knew that accused women were not wholly bad, nor were the spiritually malevolent exclusively women, therefore Atinga's targeting actually posed a risk to the long-term safety of communities as opposed to ensuring security because of their narrow focus. Fifth, Atinga presence implicitly challenged the credibility of healers. Sixth, healers may have remained somewhat silent on the issue because it was too popular and they did not want to go against the crowd. Seventh, healers wanted to avoid perpetuating the abuses that accompanied many of the Atinga sessions. Lastly, with the healers, continuous efforts to be in accordance with the law, and by this point to gain government approval, the healers did not want to advocate something the colonialists were staunchly against.

The healers likely agreed with the colonialists as the government worked hard to eliminate the Atinga movement. Citizens' persecution, or "trial by ordeal" of alleged spiritual malevolency was illegal in colonial Yorubaland before the arrival of the Atinga. Thus, the colonialists were incensed when the Atinga moved through the region. In town after town the colonial police arrested Atinga practitioners or kicked them out of the area. In some cases their trade items, which consisted of items such as anti-evil "medicines" in the form of kola nuts, were confiscated. In fact, the colonialists mainly saw the Atinga as a lucrative "racket", with group members comparable to people "found loafing in any large lorry park [i.e., hustlers]."⁸⁶ This was partially due to the fact that the Atinga collected money, not only from the accused, but also from those in town that invited them.

⁸⁶ "Atinga" 1951, Ibadan, 2905.

The colonialists were so interested in removing the Atinga, they quarreled with Yoruba indigenous authorities over this issue. They sent numerous correspondences to local leaders to warn them against engaging the Atingas. In one case, it took “three long discussions...to get the *Oluwo* [king] and Council to agree to send the 8 atingas away before noon on Saturday.”⁸⁷ In another case, colonialists arrested a chief who allowed the Atinga to practice in his area, making an example out of him to show Yoruba leaders that they were not to entertain the Atingas.⁸⁸

There were other motivations as to why Yoruba indigenous political authorities desired the presence of the Atinga’s, although they had Yoruba priests and healers that addressed witchcraft. Of course there is always the concept that local healers and priests were not effective, however that idea is rejected. Simpson provides alternative reasoning that was true for healers as well, even though he only refers to Yoruba priests in this statement:

Of interest is the attitude of the wealthy and influential men who invited the Alatinga to their towns and paid their expenses while they were in residence. These sponsors did not prevent attacks on the orisa [Yoruba divinities]. Some were chiefs whose offices had been made secular under the Protectorate [the British Colonial Government]; others were secular office-holders. Both of these groups would gain some power if the cults of the orisa were to be abolished and the heads of the cults were to lose the small influence they retained.⁸⁹

Yoruba healers were in similar circumstances. Healers were influential and potentially threatening to political authorities because they held matters of citizens’ lives and deaths in their hands. Furthermore, as explained earlier, it was believed that someone who could battle spiritual malevolency and evil medicine could use these

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ Simpson, *Yoruba Religion and Medicine in Ibadan*, 80.

powers on their own behalf positively or negatively, thus healers instilled a sense of fear not only among general population, but also among those with political stature.

The power play that political leaders displayed did not significantly decrease the status of the healers, because the Atinga movement died out quickly and was actually specifically outlawed the same year of the peak of their presence in Yorubaland, 1951. Simpson observed that by 1955 shrines that the Atingas destroyed were being rebuilt.⁹⁰ By 1955 healers and priests as the main local specialists subduing spiritual malevolency and evil medicine had returned as the normal order. Meanwhile, the fears of these issues continued to increase given the dramatically changing political and economic circumstances that this eve of independence brought.

Conclusion

Yoruba healers had a myriad of ways to contain spiritual malevolency, whether the result of supernatural or human doing. The concept of *aje*, as mysterious beings or people with special supernatural abilities was understood by the healers, but often a source of confusion for Yoruba lay persons and the colonialists. Even though some people did not fully comprehend the forms and perceptions of how evil operated in Yorubaland in the mid-1930s, colonialists heard court cases pertaining to such issues. Because the Yoruba were not eager to resolve instances of spiritual malevolency in this manner, they continued to use Yoruba healing to resolve their problems. By the 1950s the illegal Atinga movement had a burst of popularity, however the Yoruba healers did not generally support the movement. By this point, healers had demonstrated their

⁹⁰ Ibid.

lawfulness and their sustained interests in traditions of secrecy. The next chapter further explores how the healers promoted their agendas and sought to engage the government in positive ways for their benefit, through the establishment of associations.

Chapter Seven

Yoruba Healing Associations

Social and professional associations, groups, guilds, societies, clubs, organizations or any other preferred label, were common features in various cultures around the world—in one form or another whether officially or not. Certain types of associations such as age grades, were found among the Yoruba and other indigenous African societies. The unique Yoruba pre-colonial practice of having an extensive array of associations deserves investigation for a foundation to better understand how such sophisticated styles of healing associations arose in this colonial period. Therefore, this chapter provides a general synopsis of Yoruba associations during the 1922-1955 period, and then concentrates on the Yoruba healing associations in particular. The Yoruba healing associations are examined in terms of their historical scope, organizational structures, social agendas, ethics and disputes. As these issues are explored, it will become apparent how healing associations fostered the resiliency of Yoruba healing in this 1922-1955 colonial period.

Yoruba Associations in General

Historical research on Yoruba associations is limited. However, evidence of the Yoruba's pre-colonial proficiency in organizing societies and groups for a myriad of interests has been displayed.¹ More thorough evidence has been documented in the Americas, where the Yoruba organized societies during the 18th and 19th centuries.²

¹ N.A. Fadipe, *The Sociology of the Yoruba* (Ibadan University Press, 1970, from 1939 Dissertation), 243.

² The Yoruba dominance of social organizing in colonial Cuba and Brazil has been documented by authors such as Brandon, G. *Santeria from Africa to the New World: The Dead Sell Memories*: Indiana University Press, 1993.

Fadipe's 1930s research revealed that in Yorubaland, "so strong is their [the clubs'] influence that, in some communities, slaves in the days of slavery organised themselves into convivial associations."³ The interests and goals of these associations ranged from mundane to spiritual concerns, and covered a spectrum of areas, such as: peer groups, leisure, politics, professions and religions.⁴ Traditionally, these organizations were complete with elected officers, mutual aid efforts and membership charges.

Yoruba peer group associations included women's societies and age grade groups. The author of a 1932 Intelligence report observed that "egbes...are the basis of the machine...it is probably still true to say that every man belongs to some 'club.'"⁵ This same report provides details of age grades and women's *egbes* or associations. One community was documented as having six female "chiefs", likely senior leaders of the groups. However, during this time women's leagues were known to have strong leanings toward commercial interests.⁶ Both age grade and women's associations also could have strong components of leisurely activities.

Age grades ranged in difference of years across various towns of Yorubaland, and could mean groups within three years of similar age, but anywhere up to nine years age difference within a group. The duties assigned to these associations reflected collective efforts to carry out communal responsibilities. Young persons, which could be any group not considered to be elders, were assigned tasks such as "cleaning the quarters, carrying

³ Fadipe, *The Sociology of the Yoruba*, 243.

⁴ Peter Cutt Lloyd, *Africa in Social Change: West African Societies in Transition* (New York: Praeger, 1968), also discusses general connections among some of the varieties of Yoruba associations.

⁵ "Ara District Intelligence Report" 1932, Ekiti Division 2/12.

⁶ Fadipe, *The Sociology of the Yoruba*, 253.

water...making mud for the town wall, and upkeep of paths outside the town.”⁷

Arresting criminals and royal responsibilities could also form part of the tasks of an age grade association.

Political and professional groups in Africa often had religious or spiritual components to them. In Yorubaland these groups were clearly distinct in their particular purposes, and were not to be confused with religious associations. The *Ogboni* societies were probably the most well known of the Yoruba political associations. The *Ogboni* had multidimensional functions, but primarily served as the advisors to the king of any given Yoruba district, as well as the protective agency of towns. They were sometimes known to be the ‘Council of Elders,’ although not every member would be an “elder.” Chiefs, and other often prominent, members of society comprised many of the *Ogboni* organizations. This co-ed organization was active in death rituals, especially for its members. Between 1922 and 1955 *Ogboni* societies’ importance diminished as did that of Yoruba royal institutions.⁸ In the 1950s the “Reformed *Ogboni*” Organization, a Christian oriented initiative, grew in popularity.

Professional associations were not typically co-ed because many Yoruba occupations were historically gendered. For certain occupations, such as a trader or craft-person, one could not effectively operate without membership in an association. Exceptions to this rule were surgeons and certain artists who operated exclusively as family businesses.⁹ Farmers, blacksmiths, and hunters were customary types of careers

⁷ “Ara District Intelligence Report” 1932, Ekiti Division 2/12.

⁸ Fadipe, 248 and J. D. Y. Peel, *Religious Encounter and the Making of the Yoruba*, (Bloomington: Indiana University Press, 2000).

⁹ Fadipe, *The Sociology of the Yoruba*, 254-255.

in which local professional associations flourished throughout Yorubaland. Hunter's guilds functioned as both professional and political organizations because hunters also served as guardians, patrol and policemen for their towns and villages. Many healers before and during this time were hunters. Several oral interviewees revealed "my father was a hunter and he was a member of the hunters' association."¹⁰ In other words, many healer-hunters did not belong to any healing association, just the hunter's guilds:

Big game hunters had the reputations of possessing very effective magical preparations... They were also credited with having the most terrible and dangerous magic for use against their enemies... Hence, in some communities, the hunters' guild was sometimes called upon by the authorities to supply *oogun* (harmful magic) [and helpful medicine] with which certain classes of offenders were punished. Also, persons who were accused of using *oogun* against others were handed over to the hunters to deal with.¹¹

Therefore, the hunter's guilds were in part predecessors to incorporated Yoruba healing associations. Yoruba healers took their experience with hunter's guilds and applied that in forming the incorporated Yoruba healing associations, which expanded in number and after 1930. Additionally, hunters, and subsequently Yoruba healers took some of their operational cues from the modes of the religious associations. For instance, members from all three types of associations would meet every 17 days. While there is little explanation of why hunters and healers would meet on such a schedule, the religious associations had holy day calendars that called for gatherings on the 17th day.

Religious associations were the other type of historical Yoruba *egbe* that influenced the healers' approaches to the forming of healing associations. Religious associations were quite active as there were many spiritual and communal functions they

¹⁰ Personal interview of Edun Ogundeji Osawemimo, April, 2008.

¹¹ Fadipe, *The Sociology of the Yoruba*, 251.

were expected to serve. There were specific associations for specific divinities. While an individual may have been a member of more than one religious association because they were initiated to more than one divinity, divinities were not grouped together within one association. Thus, *babalawos* and *olorisa* had separate associations, sometimes leading to competition.

On Yoruba Healing Associations

Many of the herbalists associations have existed before modern medicine gained its present level of popularity...It is most probable therefore that the associations are manifestations of the tendency of the urban Yoruba to join clubs which represent their occupations or social functions in the community, although the activities of these associations have, no doubt, been intensified in recent times in response to the aforementioned rapidly changing socio-economic and political climate in Nigeria as well as the increasing competition from scientific medicine.¹²

Though few healers associations documented or orally inferred existed before the 20th century, access, interest and even “popularity” of western medicine in Yorubaland only began to occur post 1920s, thus complicating healers’ incentives for joining associations.

Archival documents demonstrate that incorporated Yoruba associations were consistently established in the 1930s, 1940s and 1950s. Additional insights of this trend are illustrated in the results of Oyebola’s oral history questionnaires and interviews of 165 healers from 31 Yoruba towns. Oyebola did not have access to the archival records at the time he conducted research for his article in the 1970s. Table 7.a is a list of associations, in chronological order that existed prior to 1955—as evidenced through the archival records examined for this project and Oyebola’s research.

¹² D. D. O. Oyebola, "Professional Associations, Ethics and Discipline among Yoruba Traditional Healers of Nigeria," *Social Science and Medicine* 15, no. 2 Series B. (London: Medical Anthropology, 1981), 104.

*Yoruba Healers' Associations Existing Prior to 1955 (Table 7.a)*¹³

	Year Founded	Association	Locations
1	1855	The First Native Herbalist Society of Nigeria/The Native Herbalist (Guild) of Nigeria: Igbarajo Egbe Onisegun Dudu Ti Eko	Various*
2	1886	Beje Medical Herbalist Association	Ijebu**
3	1888	Ijebu-Mure Herbalists Association	Ijebu
4	1926	Ilupeju Society	Abeokuta
5	c. 1929	Native Medical Society	Yaba
6	c. 1930	Tuniluse Society (Muslim)	
7	1930	Lagos Doctor's Society of Shangodeyi's House	Lagos
8	1930	Ibadan Native Herbalist Co-Operative Society	Ibadan
9	1930	Gbegbesele Aiyelola Herbalist Association	
10	1930	Ijunmun-parapo Herbalists Association	
11	1930	Union of Nigerian Medical Herbalist	
12	1935	Lagos African School of Herbalist Association	
13	1936	<i>Egbe Aiyegunle; (1951 became) African Council of Herbal Physicians</i>	<i>Lagos & Abeokuta</i>
14	1936	Otta Cumi Pele Herbalist Society	Abeokuta
15	1945	Akoko United Herbalist Association	
16	1945	Federation of Herbal Indigenous Practitioners	
17	1945	General African Medical herbal Organisation of Nigeria/Amalgamation of Nigeria Medical Herbalists	
18	1947	<i>Nigerian Association of Medical Herbalist</i>	<i>Lagos, Ijebu, Abeokuta***</i>
19	c. 1947	National Herbal Institute of Medicine	Oyo District
20	c. 1947	Society of Native Therapeutists	Oyo District
21	c. 1947	Health Practitioners Association of London	Oyo District
22	c. 1949	Nigerian Herbalist Society	Owo
23	1950s?	<i>Association of Ekitiparapo Herbalists: Egbe Awo-Iwosan Ekitiparapo</i>	<i>Ilesha</i>
24	1950	Nigeria Herbalist Research Association	
25	1950	Taiyese Herbalist Association	
26	1950	United Nigerian Medical Herbalist	
27	1950	Western Herbalists College	
28	1955	Ogo-Oluwa Herbalist Association	
* Associations listed in bold print are those that have been found in the archival record during the research for this project.			
** Associations listed in plain text are those from Oyebola's chart.			
*** Associations listed in <i>italics</i> are those found both in Oyebola's chart and in the archival records. ¹⁴			

¹³ Dates used in this chart from archival evidence are either from incorporation papers or dated archival documents, i.e., correspondence. Therefore, some dates are approximations and typically are noted here with question marks. Specified additions from Oyebola, "Professional Associations, Ethics and Discipline among Yoruba Traditional Healers of Nigeria," 90.

There are at least three overlapping associations found in his research and the investigations done for this dissertation. There may be three to five more that might match Oyebola's and the research conducted for this study, but those assumptions are not made here. With almost a dozen associations added to Oyebola's research, what emerges here is a much fuller picture of the amount and type of Yoruba healing associations in the 1922-1955 period.

There are several caveats to keep in mind when considering the amount of colonial Yoruba healing associations that existed. Firstly, a few of the recorded organizations that sought incorporation actually did not operate. Secondly, Oyebola's research notes that by the 1970s eleven of eighteen associations he found were still "functioning" and given that he only used oral information, it is possible a percentage of those that were "defunct" never existed. Thirdly, a small number of associations were operated by the same persons, thus were likely the same organizations. However, there is no evidence to suggest that associations merged. Other organizations changed names, and this further obscures the records on the amount of associations in existence sequentially. Numerous informal '*egbe onisegun*' or herbalist associations are referred to in colonial documents. Many organizations were very local, purely functional, and missing in official government correspondence. Thus they cannot be accounted for in many documents. These problems may nullify up to one-third of the organizations listed

¹⁴ Two of the three associations that are in both accounts (*italics*) have different dates of establishment. Oyebola's dates are years earlier, and thus the written record has been selected to date these organizations. Clearly, in this case the oral evidence allows for greater potential of inaccuracy or exaggeration.

in table 7.a. Furthermore, the table is undoubtedly incomplete and could possibly double if local *egbe onisegun* were able to be calculated for the 1922-1955 period.

In order to locate and illustrate the pre-colonial and colonial period associations, it is necessary to understand the associations that functioned during this colonial period. The majority of documented healers associations arose post-1930. A few of these organizations had branches in several locations throughout Yorubaland. The associations with branches maintained active correspondence with the government and reported large memberships of often a hundred persons or more. Localized associations often had small memberships averaging maybe a dozen healers. By the mid-1960s, there were at least 25 different associations operating in Ibadan alone¹⁵, thus there was a continued rise in establishment of healers associations throughout colonial and even post-independence eras. The myriad of situations that may have fostered this increase in professional associations in Yorubaland involves social, political, economic and religious circumstances.

The idea that there is a higher likelihood that healers associations grew out of Yoruba organizational tendencies as opposed to the competition from western medical healthcare proponents¹⁶ is convincing, but partial. Certainly, there were *egbe onisegun*, local healing associations in operation, for instance a 1927 colonial report recorded “Native Doctors, like members of most other native traders or professions belong to unions.”¹⁷ However, this reference is prone to concern the associations of priests as well,

¹⁵ Oyebola, "Professional Associations, Ethics and Discipline among Yoruba Traditional Healers of Nigeria," 100 (Maclean's commentary).

¹⁶ Ibid, 104.

¹⁷ "Assessment Abeokuta Province; Report: Otta District," 1927 CSO 26 20629.

therefore not reliable evidence to the frequency with which healers had their own associations in the 1920s. More broadly speaking it is fair to say that there was a combination of stimuli for Yoruba healers to form and join associations in this period, and motivations did come in part, from western medical prodding.

A colonial administrator in 1931 discusses that there are “several societies of Native Doctors in Lagos,” and importantly, he adds:

About 20 years ago, a scheme was formed by Dr. Sapara for the registration of Native Doctors. It appears that the register was drawn up and that the names were actually recorded by the Commissioner of Police...
The object of this registration was partly to protect the public from the depredations of charlatans and also to obtain information on matters of interest to the Medical profession. I understand that considerable interesting information has been obtained with regard to herbs and roots by keeping in touch with Native Doctors.¹⁸

Dr. Sapara was a founding member of *Egbe Aiyegunle*/the African Council of Herbal Physicians association as indicated in the incorporation papers.¹⁹ This illustrates that this western medical doctor did play a role in encouraging the formation of the types of healing associations that proliferated in the 1922-1955 period. Additionally, the increase of western medical doctors and hospitals during this period certainly contributed to healers’ desires to formally organize. Colonial laws and administrative activities, as well as indigenous religious perspectives also motivated healers to formalize the structures of their organizations.

¹⁸ “Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:” 1921-1931, Oyo Provincial Papers, volume 1, file 105. Dr. Sarapa is the Yoruba western medical doctor who worked on the small pox issue mentioned in chapters 2 and 4.

¹⁹ “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

Organizational Structure of Healing Associations

The Yoruba healing associations as documented in this 1922-1955 period described themselves quite professionally and legalistically. There is no doubt incorporation papers were generated with the aid of lawyers. Many associations had similar structures to that of the ‘The First Native Herbalist Society of Nigeria,’ a society which declared itself under a couple of different names prior to and during this period, most notably ‘The Native Herbalist Guild of Nigeria.’ This organization is the oldest documented one, recording in the 1933 articles of association papers that they were actually established by a man named Abetipa in 1855. New presidents followed Abetipa in 1877, 1902, 1916, and 1933. In these articles they address objectives, admission policies, meetings, arrangement of officers, contribution expectations, codes of conduct, as well as the names and addresses of certain members.²⁰

As with most healing associations they did not train healers, however, they did have exams for applicants and membership fees that needed to be paid.²¹ They met “every seventeenth day” and claimed to punish members if they failed to pay dues, or exhibited poor behavior. This association’s regional expanse was broad and included branches and members outside of Lagos. Other Yoruba territories they operated in included the areas of the Ijesa, Ijebu, Egba, Yaba, Egun, Ketu, Ikorodu.

The certificates awarded to the healers upon membership to the group were quite an appealing factor to healers. Certificates added proof of ‘legitimacy’ to other healers,

²⁰ “The First Native Herbalist Society of Nigeria” CSO 26 J/1 Z/1c.

²¹ Membership fees will be discussed in more detail later in this chapter.

the public and the colonial government. 1931 colonial communication states that there were

several societies of Native Doctors in Lagos...It appears however, that all families in Lagos employ a Native Doctor and there is considerable competition. The Native Doctor, however, equipped with the certificate of a recognized Society is able to hold his own...[Furthermore]

There are several different Societies of Native Doctors among Pagans, Mohammedans and Christians. These societies issue certificates to members who have qualified as Native Doctors.²²

This communication emphasized the advantage healers held by possessing one or more certificates. Some healers had certificates from multiple associations.²³ An association certificate is pictured below in figure 7.1:



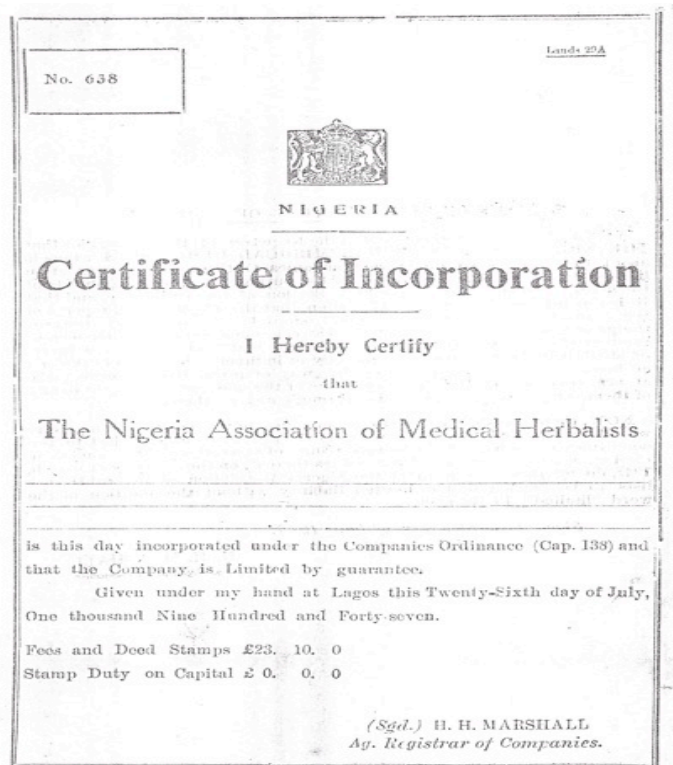
24

²² "Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:" 1921-1931, Oyo Provincial Papers, volume 1, file 105.

²³ George E. Simpson, *Yoruba Religion and Medicine in Ibadan* (Ibadan, Nigeria: Ibadan University Press, 1980), 94 this healer gained these certificates in the early and mid 1950s.

²⁴ "The First Native Herbalist Society of Nigeria" CSO 26 J/1 Z/1c. Figure 7.1.

This early association's papers demonstrated that the organization had a level of sophistication that was unusual for the time. This guild may have been a model or template for the formation of subsequent organizations. The 'Nigerian Association of Medical Herbalist' exhibited an equal level of cleverness in the structure of its organization. However, this association appears to have achieved a greater level of success in recruiting members and gaining public recognition. By 1947, when they were established, fresh ideas were being considered which addressed the shifting social and political circumstances. As was the case with products, services and commercial pursuits of all kinds, 'new and improved' versions of associations were likely to arise.



25

²⁵ "Native Herbalist Correspondence" 1934-1953, Abeokuta Provincial Office, District 1, 657. Figure 7.2.

The ‘Nigerian Association of Medical Herbalist,’ like other associations, could not form as a trade union but could form as a corporate entity, legally. “The Companies Ordinance of 1922” provided some inspiration for the type of ‘articles of association’ these guilds submitted. Figure 7.2 illustrates that the colonial government licensing offered to the associations, and therefore the healers, an additional method of gaining status and prominence. Because of the opportunity to license associations, many healers that operated from 1922 to 1955 mistakenly deduced that they could apply to operate as a licensed healer or medicine ‘dealer’. The archival records are filled with scores of requests from healers attempting to apply for personal licenses. There was no such option offered by the colonial government, as the system of indirect rule claimed not to concern itself intricately with the affairs of the “natives.” After repeated rejection healers became aware by the 1940s that such requests were actually more appeals to the government to establish a personal licensing initiative that some figured would provide greater creditability than an association certificate. Nonetheless, there was hope from both healers and colonialists that the associations would tackle matters of verifying, legitimating and/or simply recording the affairs of healers.

Healing Ethics

The associations greatly emphasized the ethical standards that characterized reputable healers. Since the organizational structure of these associations was democratic and officers were elected, the most famous and well-respected healers usually became the

officers.²⁶ Therefore, they brought their wisdom and experience to the organization. The numerous rules that associations expressed typically had sections for the purpose of ensuring particular ethical standards were met among their memberships; they even sought to control healers that were not members. The incorporation documents and other forms of correspondence reiterate that there were three overarching areas of concern: quacks, evil and/or immoral medicine, and finances.

Associations sought to deal with the issue of quacks both explicitly and subtly. The “Lagos Doctors’ Society of Shangodeyi’s House” states as their first rule that: “Any person who is not a member of this Doctors Society must not practice as a [indigenous] doctor, if he does he will be handed over to the Government to be punished.”²⁷ Though this association had no authority to do such, or had recourse if they tried, this was not the only case of a healing group seeking to implement such a rule. The Otta Cumi Pele Herbalist Society petitioned the government in 1936 to investigate “uncertificated [sic] people...[who] do not know anything about how to cure people from sickness.”²⁸ Similar overtures continued throughout this period as exemplified with the 1949 correspondence from the ‘Nigeria Herbalist Society’ asking the district officer if they could send around an inspector to make sure people were properly practicing Yoruba healing.²⁹ They expressed that they did not want any damaging incidents to occur again referring to an

²⁶ Oyebola, "Professional Associations, Ethics and Discipline among Yoruba Traditional Healers of Nigeria," 103.

²⁷ “Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:” 1921-1931, Oyo Provincial Papers, volume 1, file 105.

²⁸ “Native Herbalist Correspondence” 1934-1953, Abeokuta Provincial Office, District 1, 657.

²⁹ “Nigerian Herbalist Association, Ijebu Branch” 1951-1955, Ijebu Provincial office 1/4006.

herbalist in Ilesha whose ignorance could have ruined their reputations.³⁰ ‘The First Native Herbalist Society of Nigeria’ also sought to take action against “unqualified” healers.

Meanwhile, the ‘Nigerian Association of Medical Herbalists’ also sent the colonial government requests to prohibit quacks from practicing, however their incorporation papers provided more implicit ways of marginalizing healers. This organization not only offered certificates, but specifically proposed “Proficiency Certificates” with four grade levels: fellowship, associate, members and diploma. They did not detail the descriptions and requirements of each level, but noted that these certificates were merit based, determined through tests and involve the payment of a fee.³¹ Correspondences from healers indicate that testing among healers was carried out, usually via a voluntary basis.

Oral histories indicate that some associations “tests” increasingly sought to replace the ‘contests’ that some healers and even *oloogun* (those who practiced mysterious medicine,) implemented. Most healers interviewed echoed Chief Odua’s observation that “there are battles in the traditional healing job...If one is not humble, one can be killed easily.”³² Mr. Adeboje plainly recalls that:

The problem the herbalist have, is that if you are working like this some people will be cursing you, some herbalist, will be cursing you not to succeed. In this house I have received so many tests..You see, when you are practicing herbal something you are exposed to temptations. Your counterparts will be testing your power. ‘Do you say you are very good?’ ...If you say you have power, they can go there in the night and carry

³⁰ Ibid.

³¹ “Native Herbalist Correspondence” 1934-1953, Abeokuta Provincial Office, District 1, 657.

³² Personal interview of Chief Erelu (Onisegun Awo) Odua, April, 2008.

[away] all your power. [They] will come this morning and say ‘We are aware of your power, and we have carried them’ ...So there are a lot of temptations from the rivals.³³

The unanimous movement against quacks was undertaken in this period for several reasons. The most cited motivation was the desire to abolish the charlatans’ activities that ruined healers’ reputations. Reputations obviously were the most legitimate forms of “certification” that healers had. Nonetheless, another reason less discussed, was the increase in immigrant populations between 1922 and 1955 that obscured people’s ability to determine how credible a healer actually was. Lastly, the drive against quackery also grew out of a desire for harmony and stability in operating one’s business against police harassment, which occurred seldom and healers wanted it to stay that way.

Since healers were sought out to support and ease life, part of their duties were to fight evil and immoral aspects of life. It was commonly understood that association members were not to engage in promoting evil medicine, and many associations overtly stated such. The issue of morality was one that easily overlapped with evil, however it was clearly distinct. The rules of numerous associations and the results of Oyebola’s research illustrate that there were frequently listed types of immorality that healers were to avoid.³⁴ The recurrently stated immoral activities included being intimate with female clients, conducting abortions, seducing a colleague’s wife, and using “*atidiki*” or an herbalist using his penis to insert medicine. It is no shock that these moral laws among healers greatly concerned women and/or male-female relationships, given the great value Yoruba placed on family.

³³ Personal interview of Olusegun Adeboje, August, 2001.

³⁴ Examples found in “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II; “Native Herbalist Correspondence” 1934-1953, Abeokuta Provincial Office, District 1, 657 among other archival files and Oyebola, 91.

In the 1922-1955 period economic factors affected healers and patients. The growth and recessions of globally oriented currency of this period most certainly impacted healers and how they did business. Yet, the offences that healers prohibited were not primarily created via the new capitalistic social environment, and certainly many of these violations preceded the colonial era. Healers' associations sought to avoid debt, for instance, and some associations clearly stated members were on rare occasion expected to make up for liabilities. The 1947 Nigeria Association of Medical Herbalists papers notes "cost, charges and expenses" for debts "may be required not to exceed £25," and the 1951 papers of the African Council of Herbal Physicians for the same issue states the "amount as may be required not exceeding Ten Pounds."³⁵

Falola and Adebayo argue that Yoruba ideals of money did change in the colonial era, yet many pre-colonial philosophies remained. Concepts among the Yoruba historically include the following: money is important, "money should be acquired in an honest, 'clean way,'"³⁶ and having good character is better than money. Healing associations repeatedly mentioned that it was unethical to commit fraud and to steal. Stealing not only meant taking money deceptively, but also taking another's clients. The ideas on fraud consist of misrepresentation of skills or medicinal efficacy, taking payment with false pretences, and intimidating clients, such as only partly rendering services, or threatening a life. Additionally, there was a consensus among many healers that "hawking" or aggressively soliciting business (for instance on the street) was

³⁵ "Native Doctors, Medicinemen & Herbalists: General Papers," MH 32 vol. II.

³⁶ Toyin Falola and A. G. Adebayo, *Culture, Politics, & Money among the Yoruba* (New Brunswick, NJ: Transaction Publishers, 2000), 53-60.

unprofessional.³⁷ Hawking/hard solicitation was not a form of fraud, per se, but some considered it intimidation and manipulation, because clients should not be coerced into patronizing a business. Having had ethics in healing certainly helped the associations promote their social agendas.

Social Agendas of Healing Associations

The associations embodied healers' desires to protect and enhance their reputations. However, associations' social agenda was expressed in a variety of complex ways. Furthermore, as Oyebola and his reviewers point out, healers conveyed clear political aims in the purposes of their organizations.³⁸ These associations were not considered 'trade unions' by the colonial administration and cannot be considered as such, although a minority of healers intended that the associations would operate this way. While comparisons to trade unions have been made, this assessment only characterizes these associations minimally. The one relationship between trade unions and healers associations was the lobbying efforts. Trade unions nonetheless were for those that were employees yet full-time healers were entrepreneurs. As Walker deducts:

Entrepreneurial success for the creative capitalist requires the ability to organize business ventures in a rational manner, so that opportunity can be grasped and risks minimized...Innovation, risk taking, and the ability to sense the wants of the consumer, [is] the business acumen traditionally associated with entrepreneurial endeavors.³⁹

Healers were non-profit and for-profit businesspersons in this colonial environment.

³⁷ See "The First Native Herbalist Society of Nigeria" CSO 26 J/1 Z/1c; and Oyebola, "Professional Associations, Ethics and Discipline among Yoruba Traditional Healers of Nigeria," 92.

³⁸ Oyebola, "Professional Associations, Ethics and Discipline among Yoruba Traditional Healers of Nigeria," 91.

³⁹ J. E. K. Walker, "Racism, Slavery, and Free Enterprise: Black Entrepreneurship in the United States before the Civil War," *Business History Review* 60, no. 3 (1986), 371-72.

In the 1920s and 30s it was common that healers had other part-time jobs. Many healers even had the charitable goal to help humanity as their predecessors did. Mr. Adeboje was sworn to keep the legacy of healing altruistically, even during the steep increase of capitalism in colonial Yoruba society. However, he notes other benefits of not taking money for healing work.

I want that [my] name to be magnified. So, I give you something without asking for anything... You see there was an incident, when my father was alive, they told me to prepare an herb for a woman who was looking for [to have] children... I prepare it. The woman conceived, the woman born [the child]. On the day of naming, the husband of the woman, his friends, they were jubilating, using talking drums, passing through my father's house [property], my father hears the talking drum, what they were saying; then they went back... My father said I should call the woman. I helped the woman... but they never came back... but the father warned me, 'You are the one who helped this woman.' And the name of this person [the child] is also my name... they named [the child] after me; 'but, don't talk about them,' the father [said]... because if you talk about them things will be bad.⁴⁰

In this case, the compensation for his service was a child being named after him. This meant that his name would be carried on beyond his death and beyond his own family.

Mr. Adeboje also declares that in this colonial period another benefit of practicing part-time was that one was not motivated to join an association.

When you say you want to be in full practice, there are regulations. As of now, I am in part-time practice. If I want to practice fully, I must join the herbalist [association]. I will be meeting with them. But, I don't want to. It is the age, formally, I was thinking about my age. But now, even if I am 60, I don't want join them, because I don't want to make anything [money] off of it. I want to use it for humanitarian [purposes].⁴¹

Association fees were a common feature of the registered organizations, for numerous reasons including taxes, publicity and to initiate projects. The African Council of Herbal Physicians, by 1951 required that:

⁴⁰ Personal interview of Olusegun Adeboje, August, 2001.

⁴¹ Ibid.

Every person shall, on admission as a member pay the Council the sum of £2.2/- and be liable to pay a sum of 1/- monthly or 12/- annually payable in advance, with the exception of those already enrolled in the “Ebge Aiyegunle” who shall only be called upon to pay £1.1/-.⁴²

Charging fees indicates that there was assistance needed in the functioning of organizations. Increasingly in the 1922-1955 period healers considered fees for services part of the way to reinforce the objectives of the associations. Also, this requirement indicates that healers by this point were paid for their services and operating on full-time basis more often. Falola and Adebayo observe that:

Traditional healers and herbalists also demand money for their services. Sometimes they charge much more than they actually spent in preparing the medicine. Many of those interviewed explained that they do this in order that the charm (*oogun*) might appear to have value, because *oogun ti a o f'owo se, ehin aaro ni gbe*, meaning that a charm for which one has not paid good money is not highly valued. Thus, money plays a major role in the entire process of consultation, examination and the treatment.⁴³

By the 1940s and 1950s, healers increasingly practiced Yoruba medicine exclusively. This recognition helps to clarify the common pursuits these organizations undertook. Most of the evidence suggests that the associations had similar purposes, with the ‘Nigerian Association of Medical Herbalist’ best articulating the panorama of aims. The figure 7.3 from the ‘Nigerian Association of Medical Herbalist’ articles of incorporation is thorough and an excellent point of departure in comprehending the objectives of most healing associations.⁴⁴ This organization, established in 1947, reflected early and later goals advocated by other associations. Categorically, Yoruba healing associations sought to be networking, lobbying, legitimatizing, marketing and

⁴² “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

⁴³ Falola and Adebayo, *Culture, Politics, & Money among the Yoruba*, 57.

⁴⁴ “Native Herbalist Correspondence” 1934-1953, Abeokuta Provincial Office, District 1, 657. Figure 7.3.

competitive-advantaging organizations. These social agendas also traversed the terrain of political and economic agendas.

THE COLONY AND PROTECTORATE OF NIGERIA

The Companies Ordinance 1922.

Company Limited By Guarantee

AND

Not Having a Share Capital

MEMORANDUM OF

The Nigeria Association Of Medical Herbalists

1. The name of the Association is "THE NIGERIA ASSOCIATION OF MEDICAL HERBALISTS."
2. The Registered Office of the Association will be situated in Nigeria.
3. The objects for which the Association is established are:—
 - (a) To unify or bring about the fullest collaboration between all groups of Herbalists in Nigeria.
 - (b) To promote, protect and safeguard the political, economic and social interests of all member Herbalists throughout Nigeria and to co-operate with all or any such association or society in other places to do so.
 - (c) To co-operate with the Government of Nigeria through its Medical and health Services in all essential order and legislation. It shall seek and devise competent means of offering its advices, services and comments to the Government on all such matters concerning the health and welfare of the public of Nigeria.
 - (d) It shall adopt suitable means of imparting and improving the medical and health knowledge of its members with a view to raising the standard of the practices and to setting up of a working model comparable with that of the most recognised institutions of its kind in civilized countries.
 - (e) To assist, promote, establish and contribute to manage, control or support funds, associations or institution providing facilities for their members and Herbalist in general.
 - (f) To adopt such reasonable means of propaganda or publicity calculated directly or indirectly to advance the interest of Herbalists, e.g. by obtaining, collecting and disseminating news or by establishing a bureau of information.
 - (g) To do all such other things as may be considered likely to advance the privileges, right and interests of its members and Herbalists generally throughout Nigeria.
 - (h) To do all things which may be expedient for the promotion of these objects, provided that the Association shall not be calculated to be a Trade Union from any fact or facts contained in the Memorandum.

Networking among Yoruba healers was for the purpose of having referral options, knowledge exchange, dispelling and endorsing rumors, socializing and, at times, engaging in collaborative projects. Even the earliest organization, "The Native Herbalists Guild of Lagos" states in their 1933 rules that:

This Society is formed for the purpose of (a) natural aid and protection among Native herbalists, Adaunses or Oniseguns and those who practise [sic] the native system of Therapeutics in Nigeria so that facilities may be given for assisting one another in the practice of the art of healing as may come within the scope of their calling...[and] encouraging the friends of such patients to consult Registered Medical Practitioners [western medical doctors] whenever necessity demands.⁴⁵

Healers increasingly specialized, and even healers in the 1920s, who were more likely to be generalists, had gaps in their knowledge base. Reputable healers only attempted to cure issues that they were sure they'd have success with.

Chief Aragberin stated, "If I can't do any job all alone I will need to call on them [association members] for their assistance. And this is the major reason for the establishment of this association."⁴⁶ Concern and desires of well-being ideally overrode egotistical determinations that might allow a patient to suffer, and thus healers would call in the assistance of, or refer patients to another healer who may have more expertise in the problem or better chances of success for one reason or another, as stated above, they'd even refer patients to western medical doctors. At the same time, it is clear that healers were aware of ambiguous colonial laws that provided very little protection for any mistakes made within indigenous therapeutics, and colonial laws were biased toward the western medical profession.

Having "suitable means of imparting and improving the medical and health knowledge of its members with a view to raising the standard of the practices" as is stated in figure 7.3 was a tricky area for healers to engage. There were benefits of exchanging information. In these associations certain healers became friends, and thus would share healing ways. Additionally, healers needed to have a trusted medicinal expert that could

⁴⁵ "The First Native Herbalist Society of Nigeria" CSO 26 J/1 Z/1c.

⁴⁶ Personal interview of Chief Aragberin Edun Adebisi Omoyebi, April, 2008.

restore their health, in case the healers themselves got sick.⁴⁷ In the association meetings, healers would also freely discuss the most common and well-known remedies and methods since most people were expected to already possess such information. On the other hand, the element of competition and the practice of exercising secrecy undoubtedly limited the quality and quantity of knowledge that was actually exchanged through associations. In-depth knowledge had to be sought through direct mentorship.

Creating collaborative projects was at times necessary because some healing rites required multiple hands with expertise. The secrecy needed to produce and/or apply certain medicines was often maintained through the healer and his or her apprentices. Nevertheless, even trainees were not permitted to participate in *every* aspect of healing special cases because they were not considered to be ready enough to acquire full and complete recipes. There were cases in which an apprentice was not allowed to help; yet the healer needed more than one mind or two hands. In these instances, healers would request the help of a competent colleague with equal to or greater in status or knowledge than they. Many healers tried as much as possible to handle their cases without the aid of peers. For instance, Chief Olojede stated “pregnancy delivery is not what can be done with a group of colleagues or another colleague.”⁴⁸

The lobbying agenda that the associations maintained was comprised of three main ideas: 1. Healers of any particular association should serve as excellent advisors to the government in any matter related to healing; 2. Associations were the proper agents who should create, regulate and enforce laws concerning healing issues; and 3. Healers

⁴⁷ Una Maclean, *Magical Medicine: A Nigerian Case-Study* (London: Allen Lane, 1971), 86.

⁴⁸ Personal interview of Chief Fatai Olojede, April, 2008.

should gain greater recognition and be fully documented as legitimate healthcare providers. These politically oriented agendas blossomed during the colonial decades. In the 1920s and 1930s these objectives were more general notions, but by the 1940s they became clear doctrines. The presence of new academic institutions seeking research on indigenous healing also prompted healers to work with the colonial regime. Associations were often the portal for political and academic access to healers.

The objective “to co-operate with the Government of Nigeria through its Medical and Health Services in all essential order and legislation...[and to] seek and devise competent means of offering its advices, services and comments to the Government on all such matters concerning the health and welfare of the public of Nigeria,” as noted in figure 7.3, was an effort broadly pursued. Initially, the government called on healers to occasionally consult in court cases and to help curb disease. These requests motivated healers to seek official, not just casual counseling roles. By 1955, some healers had achieved this status, for instance internal colonial correspondence substantiated that a locally well known father-son duo sir-named Fawole had “been called in to assist the Lagos Mainland Police in cases where native medicines and juju charms are concerned, and he has been paid for his services either by the Police or the Courts.”⁴⁹

Healing associations placed themselves in a precarious situation by consistently seeking government recognition, help, regulation and enforcement of laws pertaining to healing issues. Quackery was the main pursuit healers sought to outlaw. In retrospect, the associations were fortunate that the colonial government rarely involved itself in the

⁴⁹ “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

affairs of healers. Although control and regulation of members and non-member healers was difficult for the associations to achieve, if the government had been more active in the jurisdiction of healing matters, likely, healers' freedoms and creativity would have been greatly curtailed. In fact, the "Ibadan Native Herbalist Co-Operative Society," in a 1940 letter stated that from the indigenous government and other associations "we don't see any improvement but oppression."⁵⁰ However, ironically, using the colonial government to provide an avenue for self-determination was a consistent pursuit with various political, economic, cultural and social movements in Nigeria.

The colonial government was motivated in part by their policy of indirect rule when they recognized healers' associations, for colonial administrators had little to no policies to document or otherwise verify individual healers. Indirectly, the associations would ideally do that. Figure 7.3 illustrates that associations were fully conscious of healers' desires for recognition, noting a main purpose of the association(s) was "to promote, protect and safeguard the political, economic and social interests of all member herbalists throughout Nigeria and to co-operate with all or any such association or society in other places to do so."

Associations reiterated this point by declaring they intended "to do all such other things as may be considered likely to advance the privileges, right and interests of its members and herbalists generally throughout Nigeria." As discussed earlier, the healers' applications for personal licenses reveal healers' great interest in government recognition as another form of legitimization. The petitions were brief and straight to the point, with

⁵⁰ "Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:" 1921-1931, Oyo Provincial Papers, volume 1, file 105.

healers providing their basic contact information and request for a license. But the volume of petitions reflects the numerous attempts to gain any form of additional accreditation possible. This drive for credibility also led many associations to establish an air of international interaction. For instance, in 1937 the First Native Herbalist Society of Nigeria requested an official British government certificate so that Yoruba healers would have extra certification when traveling abroad. Additionally, by the 1950s healers were attending healing conferences outside of Yorubaland.

Because many healers also were entrepreneurs, it is not surprising that healing associations pursued marketing strategies. For instance, healers sought to brand themselves, and some created insignias and logos as is displayed in figure 7.4.



Figure 7.4.⁵¹

Additionally, as figure 7.3 declares, most associations sought “to adopt such reasonable means of propaganda or publicity calculated directly or indirectly to advance the interests of Herbalist, e.g. by obtaining, collecting and disseminating news or by establishing a

⁵¹ “Native Herbalist Correspondence” 1934-1953, Abeokuta Provincial Office, District 1, 657. Figure 7.4.

bureaux [sic] of information.” Records indicate the healers did obtain positive presence in newspapers and on the radio.

There were numerous attempts by healers to establish hospitals during this era. Since the law called for a western medical doctor on the staff of hospitals, those attempts by healers to form hospitals failed. The 1950s colonial Ministry of Social Services stated, “All hospitals and maternity centres must be registered under the Private Hospitals Ordinances. Registration may be withheld if the institution is not under the management, control and supervision of a medical practitioner.”⁵² Healers subsequently sought to establish “herbal healing homes” instead.⁵³

Healing association members also made efforts to have research undertaken on healing ways. This included independent and collaborative research projects with government or educational institutions. In 1954 the Nigerian Herbalist Association, Ijebu Branch stated they owned a house in Lagos for “research.”⁵⁴ The same organization depicted in figure 7.4, ‘The African Council of Herbal Physicians’ was intimately aware of the competition that the western medical establishment and academia posed, especially since one of the founders, Dr. Sapara was a western medical practitioner. A.L. Fawole, the son of Chief Fawole was a healer with some training in western medicine resulting from a distance learning doctoral degree from London.⁵⁵ ‘The African Council of Herbal Physicians’ specified that they sought:

To establish Herbal Hospitals for the treatment of very serious cases entrusted to individual members of the Association or the Association itself; To found an Herbal

⁵² “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

⁵³ “Nigerian Herbalist Association, Ijebu Branch” 1951-1955, Ijebu Provincial office 1/4006.

⁵⁴ Ibid.

⁵⁵ “Native Doctors, Medicinemen & Herbalists: General Papers,” MH 32 vol. II.

Institute for imparting knowledge in the art and science of Herbal treatment...[and] To establish an Herbal Research Laboratory.⁵⁶

Very few, if any, associations or independent healers were able to actualize these desires to establish Yoruba medicine hospitals or research centers during this 1922-1955 period. However, associations' attempts to articulate a philosophy, and to establish such institutions is worthy of consideration. These efforts reflected the desire to attract and service a greater number of patients, as well as compete with missionaries, western medical professionals and intellectuals. Healers by the 1940s and 50s had a better realization that the colonial governments would not help them in these types of endeavors, as they did with western colonial and missionary medical and academic initiatives. At the same time, numerous healers and associations never intended to acquire government help in these pursuits, but just wanted to offer the most innovative services possible. The aspiration to conduct research also was part of the healers' associations ever evolving enterprise to find ways to substantiate and legitimate themselves and their work.

Disputes

Colonial documents suggest that controversies within associations, as well as between organizations, non-members and indigenous governments were isolated cases. Although the associations did not appear to present disputes they had with the colonial regime, there must have been undocumented or destroyed records of the troubles they had with the colonial government. It has already been expressed that the level of personal interaction between the healers and the colonial governments was quite minimal. All of

⁵⁶ Ibid.

the oral interviewees for this project knew of no healer-government interfacing, further suggesting the distance between the two institutions. Ironically, the missionary records also indicate that while missionary western medical practitioners had a high disdain for healers, once again, there were rarely cases of interaction or conflicts in need of resolution.

The value of examining disputes in the records is to indicate that associations did meet and operate on some general level, as opposed to the incorrect presumptions certain scholars of Yoruba healing have made.⁵⁷ The reason why most scholars besides Oyebola, Simpson, Maclean, (and Osunwole to a lesser extent) would minimize the importance of healing associations and argue that the associations were skeletal and non-functioning, is the lack of access that outsiders were likely to have been afforded to these meetings. Anyone who was not a healer was not allowed to attend a meeting. Furthermore, healers had a vested interest not to introduce non-healers to their broader networks, in order to monopolize business.

It was natural that disputes within these associations arose. In 1953 Paul Aina the General Secretary for the ‘Nigerian Association of Medical Herbalist’ in Ijebu-Ode had been suspended. He was notified in a letter explaining why he was suspended. The numerous reasons included not calling meetings, not entertaining executive members, not appearing at meetings, trying to regionalize the association although the executive board didn’t want that, calling “an unconstitutional assembly” and instituting fees without

⁵⁷ Mary Olufunmilayo Adekun, *The Yorùbá Traditional Healers of Nigeria* (New York: Routledge, 2003) and Anthony D. Buckley, *Yoruba Medicine* (Oxford, New York: Clarendon Press; Oxford University Press, 1985) are examples of scholars who minimize the importance of associations.

permission.⁵⁸ This long list of infractions generates curiosity as to how it was that one year later Aina was reinstated. The association implemented forgiveness and Aina must have repented to obtain this forgiveness. In examining the reasons for this suspension it becomes clear that the organization sought to operate with integrity and needed a way to enforce this. Making an example of a prominent member was one of the most impactful ways to send message to the membership and the government since this dispute was documented to the colonial resident administrator. They sought to express that the association ran with honor and some degree of efficiency.

There was manipulation between associations and healers to coerce non-members to become members of organizations. Six healers from Illa went to Lagos in 1931 to get certificates because they were directed to do so from another healer who had already done this. That man had “informed them that unless they became members claims for services rendered would not be heard by the Native Courts,”⁵⁹ which was not true. In another correspondence the ‘Otta Cumi Pele Herbalist Society’ accused a non-member ‘uncertified’ healer of killing a local citizen and requested that the medical officer investigate this death.⁶⁰ This accusation was not proven to be the case, and it is likely that the association would not have made such an indictment if the healer was one of their members.

It is important to recognize that healers of all kinds, at times, opted out of associations for a wide variety of reasons. Some Yoruba healers consciously decided to

⁵⁸ “Nigerian Herbalist Association, Ijebu Branch” 1951-1955, Ijebu Provincial office 1/4006..

⁵⁹ “Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:” 1921-1931, Oyo Provincial Papers, volume 1, file 105.

⁶⁰ “Native Herbalist Correspondence” 1934-1953, Abeokuta Provincial Office, District 1, 657.

decline membership in associations for rationales and incentives such as individualism, arrogance, competence, incompetence, age, secretiveness, avoiding fees, assessments that associations only serve the leaders, government links and other special interests that made associations unappealing.⁶¹ For these reasons, healers saw weaknesses and disadvantages of organizations. Certainly the aims, objectives, and requirements of the associations diminished healers' autonomy. Furthermore, if the members did not have the quality of skills particular healers had, it is probable that non-members avoided binding themselves with healers of lesser proficiency and/or those with low-grade reputations. On the other hand, healers with very rudimentary knowledge knew that their incompetence would become exposed in the company of experienced association members. Because fees were requested, healers wanted organizations to be valuable in exchange. Joining these organizations was not always a valuable investment, for reasons stated earlier, as well as the selfishness or dictatorial potential of the leadership. The intentional links that associations sought with the government was also unattractive to certain healers because they distrusted and abhorred the modes of operation of the colonialists.

Religious difference also played a role in the formation and composition of healing associations' membership. The general associations discussed here tended to be secular, although their membership may have had predominated religious tendencies. It was common that *olorisa* healers were not members of healing associations⁶² because

⁶¹ Oyebola, "Professional Associations, Ethics and Discipline among Yoruba Traditional Healers of Nigeria," H.K. Heggenhougen's discussion.

⁶² Oyebola, "Professional Associations, Ethics and Discipline among Yoruba Traditional Healers of Nigeria," 103.

they had their own religious associations, in part. One 1935 colonial report noted “Some are native doctors (Onisegun) as well as Ifa priests but it is usual to find that the doctors conduct their business separately and have their own separate club.”⁶³ Additionally, most associations addressed here were male-centric, while most Yoruba religious associations had male and female members (with the exception of *Ifa*).

Maclean cites that “One [*babalawo*] declared that if a healer’s skills were sufficient they would soon become known without any necessity for public advertisements or special pressure to attract people to him.”⁶⁴ This commentary was not explicitly religiously oriented, however, the fact that the *babalawo* was most likely a member of their own *Ifa* religious association, factors in. One difference in approach between the healing guilds and religious associations was that religious associations were not organized with a primary purpose of promotion, like the healing organizations were. It is also pertinent to keep in mind that many healing associations formed to create competitive advantages over western medical practitioners, as well as a level of reputation on par with *babalawos* and some *olorisa*.

Associations found themselves having troubled relationships with indigenous rulers, on occasion, during this period. They were negotiating a difficult terrain of having to maintain their identities between two governments—colonial and indigenous. In some cases the healers associations simply did not have support from the indigenous rulers, in other cases the rulers sought to seize control of the organizations. In the first case, the

⁶³ “Intelligence Report on Ado District, Ekiti Division Ondo Province” 1935 CSO 26 29734.

⁶⁴ Oyebola, “Professional Associations, Ethics and Discipline among Yoruba Traditional Healers of Nigeria,” 100, Maclean’s discussion.

‘Ilupeju Society’ in 1934 discusses that they had operated harmoniously for years with the approval of the king, or the *Alake* in this case. However, when they requested his support to go to from Abeokuta to Lagos to renew their certification, he initially avoided them, and then he denied them permission. The king expressed to them that the law stated they can only become certified in their own regions—which was a misinterpretation of the law, (misunderstanding of the law was common).

The king’s second secret reason, which he only stated to the colonialists, was that “the majority of them are not competent but only native quack doctors.”⁶⁵ This assessment may have been true, or it may have false, or both, given that a few associations were composed of inferior quality healers. However, the king likely had unstated biases that would lead to his opinion. First, kings were advised by a particular group of Yoruba religious leader, who may have been a healer also, namely a *babalawo* (priest of Ifa) and at times the *olorisa* representing the patron divinity of that town. With religious pluralism growing during this era, it could also be the case that the king carried out centuries old traditions, while maintaining personal beliefs in Christianity or Islam. For this reason, or because of an affiliation with western medical practitioners, the king may have absolutely rejected Yoruba healing as an institution.

In the second case, the Ibadan Native Herbalist Co-Operative Society wrote the colonialist government for help in 1940, because the king, or *Olubadan* in this case, “privately choose” his “in-law” to be the president of their organization when in fact there was another elected president that the association had chosen. They noted that “the

⁶⁵ “Native Herbalist Correspondence” 1934-1953, Abeokuta Provincial Office, District 1, 657.

appointment of Adelu Oluawo by Olubadan to dominate us is entirely contrary to the Traditional Law and Custom of our Native Professional-Work.”⁶⁶ They argued that the king was confusing the work of healers with the style of operation of royal Yoruba religious leaders. Just because this in-law was a Yoruba priest and was part of the royal family did not mean that he should automatically assume the position of leading the local healers’ society. This type of recourse reflects ways that the colonialists provided citizens with options to change “tradition”, in theory or reality. Such options were scarce in the monarchical era.

The latter point is not to suggest that colonization was more beneficial for Yoruba citizens than not. This same case in Ibadan was complicated by a dispute over who should pay taxes, the associations or the king. Colonial taxes created conflicts and hardships that transformed Yoruba healers’ ways of thinking and acting. This issue of taxes was confusing to numerous healers associations. As Falola and Adebayo note, during the colonial era “Government money was *owo olowo* “other people’s money” that had been placed at their disposal to do with as they pleased. Moreover, government money was for the people, and could be used by the people.”⁶⁷ Healers considered themselves to be part of “the people.” As a result, this association conveyed the view that the king’s role as protector of indigenous culture obligated him to offer associations some financial aid.

⁶⁶ “Native Herbal Medicine Dealers, Practice and Sale of Herbal Preparations by in re:” 1921-1931, Oyo Provincial Papers, volume 1, file 105.

⁶⁷ Falola and Adebayo, *Culture, Politics, & Money among the Yoruba*, 72.

Conclusion

Yoruba healing associations arose out of Yoruba religious and hunting associations. In the 1920s Yoruba healing associations, incorporated through the colonial government, came into existence. The steady rise in the number of healing associations in the 1930s, 40s and 50s demonstrated shifts in the state of Yoruba healing. There were several motivating factors for the establishment of incorporated healing associations, such as culture, political changes and the presence of western medicine. Individual healers and the associations lobbied the colonial government on a number of issues, such as licensing and regulation of “quacks.”

In the late 1940s and the 1950s, associations sought for healers to have greater involvement in legislative and academic/scientific initiatives. Additionally, healers were operating as full-time practitioners and specialized more often. The healing associations presented perfect examples of how and why Yoruba healing was resilient, as the associations aided in continued public confidence in Yoruba healing. Finally, through political savvy, medical awareness, religious tolerance, contesting evil and allied associations the Yoruba healing system was fortified for resiliency between 1922-1955 in the face of professional, social, political, religious and cultural adversities.

Conclusion

The resiliency of Yoruba healing between 1922 and 1955 involved the steadfast preservation of a cultural system, as well as adaptations to this system that allowed it to remain successful and preferable into the present day. By 1955, British colonialism in Nigeria was nearly over, and independence was achieved five years later. Independence positively impacted Yoruba cultural practices, such as healing. Independent Nigerian governments differed from that of the colonialists because they, for instance promoted serious research studies on Yoruba healing.

This dissertation has drawn on research conducted at Nigerian Universities since the 1960s and 1970s, such as works by Dopamu and Oyebola. Even institutions such as the Nigerian National Institute for Pharmaceutical Research and Development (NIPRD) participated in the post-independence verification of the efficacy of Yoruba healing. An example of NIPRD work is illustrated in their approved of three indigenous medicines: doprovil, cornavil and niprisan. In 1993, NIPRD helped Reverend P.O. Ogunyale, a Yoruba healer, get his remedy for a sickle cell anemia—now known as niprisan—patented in 46 countries, including the United States.¹ During his interview Mr. Adeboje displayed his patented medicine for convulsions.

There have been several transformations in Yoruba healing in the last half century. For example, the concept of non-related apprentices is quite common among Yoruba healers today, although their predecessors previously kept it in the family. The capitalistic socio-economic structure has compelled healers to ensure that the institution

¹ Shingu Gamaniel “Evaluation of Traditional Medicine for the Management of Sickle Cell Anemia in Nigeria” *African Health Monitor*, 27.

remains, even in cases where family members are disinterested in perpetuating the craft. Chief Olojede states “I have taught two people who graduated from me, and three people are under me training to become traditional healers...one needs the assistance of somebody, so I started having trainees as soon as I started practicing.”² Mrs. Oyebisi notes “I have trained 13 people and four of them are now in this same market doing good in their independent businesses. Some others are in their husbands houses selling herbs.”³

Yoruba healers have increasingly interacted with western medical doctors in the last few decades. Chief Aragberin states that western medical doctors “usually come for our cooperation on healing jobs. Like when they need us to assist them in delivering a pregnant woman, and we will give them medicines and it works for them.”⁴ Conversely, Mrs. Oyebisi notes “foreign medical doctors always come to discuss or chat with us, but they have never assisted us in healing jobs.”⁵ However, Yoruba healers, in the last half century, have been open to use the technology of western medicine. Chief Olojede discusses how in order to diagnose a pregnancy he “usually directs the pregnant woman to the scan [x-ray or ultrasound].”⁶ In the modern era Yoruba healers persist in innovating. Finally, it is important to reiterate that Yoruba healers have actualized their own hospitals in the last decades.

Many dimensions of Yoruba healing still remain consistent. The system continues to address clients’ health holistically, for issues that are physical and spiritual.

² Personal interview of Chief Fatai Olojede, April, 2008.

³ Personal interview of Mulili Atu Oyebisi (Iyaloja), April, 2008.

⁴ Personal interview of Chief Aragberin Edun Adebisi Omoyebi, April, 2008.

⁵ Personal interview of Mulili Atu Oyebisi (Iyaloja), April, 2008.

⁶ Personal interview of Chief Fatai Olojede, April, 2008.

Mrs. Oyebisi, a Muslim, recalls a job that is of the type that Yoruba healers have historically addressed:

“Yes we heal people with spiritual issues... There was a man whose manhood stopped functioning after he slept with another man’s wife, he was brought to me and after I diagnosed him, I placed him on traditional medicines and the second day he became healed. He and his wife always come to visit me.”

Yoruba healers continue to combat spiritually malevolent activities in addition to maintaining religious flexibility. Chief Odua demonstrates that Yoruba religious-healers still integrate their indigenous religious skills into resolving health matters.

There was a case of a woman whom whenever she gave birth to any child, the child would die. This woman was brought [to me]. I searched the cause of this misfortune and I realized it was the husband’s mother who was actually the cause of her misfortune. I do my searching through a handfan (*patewo*). So after we discovered it was her mother-in-law, we pleaded with the elders and they released [her], so that was the end of her misfortune about child death (*abiku*).”⁷

The Yoruba healing system continues to be resilient by integrating innovation and adaptation with tradition and replication. While this study focused on part of the colonial period (1922-1955), it is useful for understanding the status of Yoruba healing in the 21st century. Hopefully, this dissertation will contribute to the strengthening of modern Yoruba healthcare systems, and arouse further investigations of healing histories. Histories of healing must continue to document insights from the wisdom of Africa.

⁷ Personal interview of Chief Erelu (Onisegun Awo) Odua, April, 2008.

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Primary Evidence, Oral History Interviewees

Interviewees were of ten, mostly elder Yoruba healers with various types of healing expertise. Further general data on these interviewees is located in Chapter 1, table 1.a.

Name	Interview Date
Olusegun Adeboje	August, 2001
Bukola Ajisafe	April, 2008
Ifayemi Elebuibon (Chief Priest)	August, 2007
Erelu (Onisegun Awo) Odua	April, 2008

Edun Ogundeji Osawemimo (Iyalorisa)	April, 2008
Ifafunke Olagbaju/ Yeye of Lagos	April, 2008
Fatai Olojede	April, 2008
Edun Adebiyi Omoyebi (Chief Aragberin)	April, 2008
Mulili Atu Oyebisi (Iyaloja)	July, 2007 & April, 2008
Alice Oyeronke (Iyalorisa)	April, 2008

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